ANNUAL STATEMENT

For the Year Ending December 31, 2009 OF THE CONDITION AND AFFAIRS OF THE

NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

NAIC Group Code		0000	N	NAIC Company Co	ode _	67032	Employer's ID Number	er56-0340860
Organized under the Lav	current period) ws of	(prior period) North Carolina			9	State of Domicile	e or Port of EntryN	ORTH CAROLINA
Country of Domicile <u>Un</u>	ited States of A	merica_						
Incorporated/Organized		02/28/1899		Со	mmeno	ced Business _	04/01/	1899
Statutory Home Office		411 W. Chapel Hill (Street and Number	Street	,		10	Durham, NC 27701-3616 City or Town, State and Zip Code	
Main Administrative Office	ce	•	21)	411 W. Chapel	Hill Stre	,	only of fown, oracle and zip oods	<i>5)</i>
				(Street and	Number))	(040) 000 0004	
		um, NC 27701-3616 or Town, State and Zip Cod	e)			(,	(919) 682-9201 Area Code)(Telephone Number)	
Mail Address		411 W. Chapel Hill Str		,			Durham, NC 27701-3616	
5		(Street and Number	•	444144 01		,	City or Town, State and Zip Code	e)
Primary Location of Bool	ks and Records			411 W. Chape (Street and				
		n, NC 27701-3616					(919) 682-9201	
		or Town, State and Zip Cod	·			(.	Area Code)(Telephone Number)	
Internet Website Address	s	ncmutual	life.com					
Statutory Statement Con	tact	Kamlesh Sha (Name					(919) 313-7807 (Area Code)(Telephone Numbe	
	ksha	ah@ncmutuallife.com	-1				(919) 313-8723	"7
		(E-Mail Address)					(Fax Number)	
			PRINCIPAL	OFFICE	RS**	**		
President and Chief I Senior Vice President Sr. Vice President of Vice President-Acco Vice President-Corpu Vice President-Group Vice President-Indiv	tt-Chief Oper Administrat unting Service orate Actuary p Marketing	rating Officer ion/Human Resourc ees	es		RIO GR DA ST AR	CHARD LEE CACIE ANN I AVID ALAN I AFFORD LE CTHELL DAN	IOHNSON-LOPEZ, SPI BAYLOCK ROY THOMPSON, JR,	
			DIRECTOR)C***				
CAROL MOSELEY I	BRAUN		ERSKINE BOYCE BO		лл	LIUS LEVON	NE CHAMBERS	
BERT COLLINS, Cha ELLIOTT SAWYER PHAIL WYNN JR.	airman		JOE LOUIS DUDLEY, JAMES HERBERT SP	, SR.	N/	ATHAN TAYI	LOR GARRETT, SR. ALSTEIN LONG, JR.	
State of North Ca	arolina							
County of Durha	am ss							
all of the herein describ statement, together with condition and affairs of the accordance with the NAI or regulations require di Furthermore, the scope	related exhibit the said reporting Annual State ifferences in reof this attestation	e the absolute property s, schedules and expla- ing entity as of the repor- tement Instructions and exporting not related to on by the described office	y of the said reporting enti- nations therein contained, ting period stated above, and Accounting Practices and accounting practices and cers also includes the relate	ity, free and clea annexed or refer nd of its income a Procedures manu procedures, acco ed corresponding	r from a red to, it and ded to tall exceptions to the red to the r	any liens or cla is a full and true luctions therefro opt to the extent o the best of the onic filing with the	entity, and that on the report ims thereon, except as here a statement of all the assets in for the period ended, and that: (1) state law may differ leir information, knowledge e NAIC, when required, that is regulators in lieu of or in a	rein stated, and that this and liabilities and of the have been completed in er; or, (2) that state rules and belief, respectively. is an exact copy (except
	(Signature)			(Signature)			(Sig	gnature)
	Herbert Speed,	Jr.	Richa	ard Curtis Barnes				Alan Baylock
(F	Printed Name) 1.			(Printed Name) 2.			(Prin	ited Name) 3.
Pre	esident, CEO		Corp	orate Secretary			Vice President	- Accounting Services
	(Title)			(Title)				(Title)
Subscribed and sworn to	before me this	3						
day of								D/1 N
				a. Is thi	s an ori	iginal filing?	Ye	es [X] No []
(Notary Public	c Signature)			b. If no:	2.	State the amen Date filed Number of page		<u></u>



DIRECT BUSINESS IN THE STATE OF ALABAMA

LIFE INSURANCE

NAIC Company Code: 67032

NAIC Group Code: 0000				LIFE INSURANCE					NAIC Company Code: 67032			
			1		2		3		4		5	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		Ordina	an/	Credit Life (Group and Individ	ual)	Group		Industrial		Total	
1.	Life Insurance						Group		(61	673,003	
2.	Annuity considerations					I						
3.	Deposit-type contract funds								X X X			
4.	Other considerations											
5.	Totals (sum of Lines 1 to 4)			672,942						51	6/3,003	
1	IRECT DIVIDENDS TO POLICYHO nsurance:	JLDEKS										
Lile	6.1 Paid in cash or left on deposit			130							130	
	6.2 Applied to pay renewal premium											
	6.3 Applied to provide paid-up addit shorten the endowment or prem	tions or nium -										
	paying period										221	
	6.4 Other									_		
١.	6.5 Totals (sum of Lines 6.1 to 6.4)			350							350	
Annı												
	7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annu											
	7.3 Other											
	7.4 Totals (sum of Lines 7.1 to 7.3)											
8.	Grand Totals (Lines 6.5 plus 7.4)										350	
	DIRECT CLAIMS AND BENEFITS	PAID										
9.	Death benefits										22,000	
10.	Matured endowments											
11. 12.	Annuity benefits Surrender values and withdrawals for I									l l	4.427	
13.	Aggregate write-ins for miscellaneous		' -	4,421							4,421	
10.	claims and benefits paid											
14.	All other benefits, except accident and	health										
15.	Totals			26,427							26,427	
DET/	AILS OF WRITE-INS											
1301.												
1302.												
1303.	Summary of remaining write-ins for Lin											
1330.	overflow page											
1399.	Totals (Lines 1301 through 1303 plus											
	13 above)											
	1				Credit Life	·						
			Ordinary		p and Individual)		Group		ndustrial		Total	
		1	2	3	4	5	6	7	8	9	10	
	DIRECT DEATH BENEFITS			No. of Ind.Pols		No. of						
	AND MATURED			& Group		Certi-						
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount	
16.	Unpaid December 31, prior year	74	65,262					135	8,232	209	73,494	
17.	Incurred during current year	94	417,233					64	43,130	158	460,363	
10.4	Settled during current year:	7.	0.40.000							7.1	240.000	
18.1	By payment in full	74	- /							74	342,698	
18.3	Totals paid		342,698							74	342,698	
18.4	Reduction by compromise											
18.5	Amount rejected											
18.6	Total settlements	74	342,698							74	342,698	
19.	Unpaid Dec. 31, current year (Lines		400 707					400	54.000	000	104 450	
	16 + 17 - 18.6)	94	139,797			No of		199	51,362	293	191,159	
	POLICY EXHIBIT					No. of Policies						
20.	In force December 31, prior year	620	5,808,096		(a)		1 78,199,597	11	8,580	632	84,016,273	
21.	Issued during year	2,045	20,531,696							2,045	20,531,696	
22.	Other changes to in force (Net)	967	(2,178,391)				(32,328,248)	(3)	(2,407)	964	(34,509,046)	
23.	In force December 31 of current	2 020	04 404 404		(a)] .	45 074 040	_	6,173	2 044	70 000 000	
	year	3,632	24,161,401		(a)	1	1 45,871,349	8	6,1/3	3,641	70,038,923	

ACCIDENT AND HEALTH INSURANCE

	ACCIDEN	I AND HEALT	II IIIOUIAIIO	' L		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)	797				
25.6	Totals (sum of Lines 25.1 to 25.5)	797				
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	797				

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

persons insured under indemnity only products ..



DIRECT BUSINESS IN THE STATE OF ALASKA

NAIC Company Code: 67032

NAI	C Group Code: 0000		LIFE INSURANCE					NAIC Company Code: 67032			
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS		Ordina	ary	(Group and Individ	dual)	Group		Industrial		Total
1.	Life Insurance										
2.	Annuity considerations Deposit-type contract funds								X X X		
4.	Other considerations										
5.	Totals (sum of Lines 1 to 4)										
	PIRECT DIVIDENDS TO POLICYHO	DLDERS									
Lite	Insurance: 6.1 Paid in cash or left on deposit.										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit shorten the endowment or prem										
	paying period										
	6.5 Totals (sum of Lines 6.1 to 6.4)				-						
Annı	uities:										
	7.1 Paid in cash or left on deposit .										
	7.2 Applied to provide paid-up annu 7.3 Other										
	7.3 Other										
8.	Grand Totals (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9. 10.	Death benefits										
11.	Annuity benefits										
12.	Surrender values and withdrawals for I		S								
13.	Aggregate write-ins for miscellaneous claims and benefits paid										
14.	All other benefits, except accident and										
15.	Totals										
_	AILS OF WRITE-INS				1						
1301. 1302.											
1398.	Summary of remaining write-ins for Lin										
1300	overflow page										
1000.	13 above)	, ,									
	1				Credit Life						
		1	Ordinary 2	(Grou	ip and Individual) 4	5	Group 6	7	ndustrial 8	9	Total 10
		'	2	No. of	*		0	,	0	9	10
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED ENDOWMENTS INCURRED	Number	Amount	& Group Certifs.	Amount	Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year	3	100		711104111		+			3	100
17.	Incurred during current year										
18.1	Settled during current year: By payment in full										
18.2	By payment on compromised claims .										
18.3	Totals paid										
18.4	Reduction by compromise Amount rejected										
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines		400								
-	16 + 17 - 18.6)	3	100			No. of				3	100
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year			I	(a)					13	19,920,719
21. 22.	Issued during year Other changes to in force (Net)			l			/				(5,274,671)
23.	In force December 31 of current						` ' '				
	year	13	16,043		(a)		14,630,005			13	14,646,048

	ACCIDENT	I AND HEALI	11 11400117-140	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Omer morvional Policies					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF ARIZONA

LIFE INSURANCE

NAIC Company Code: 67032

NAI	C Group Code: 0000			LIFE INSURANCE					NAIC Company Code: 67032			
	•		1		2		3		4		5	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		Ordina	arv	Credit Life (Group and Individ	dual)	Group		Industrial		Total	
1.	Life Insurance										448	
2.	Annuity considerations											
3. 4.	Deposit-type contract funds Other considerations								X X X			
5.	Totals (sum of Lines 1 to 4)										448	
D	IRECT DIVIDENDS TO POLICYHO											
Life I	Insurance:											
	6.1 Paid in cash or left on deposit.											
	6.2 Applied to pay renewal premiun6.3 Applied to provide paid-up addit											
	shorten the endowment or prem											
	paying period											
	6.4 Other 6.1 in a 6.4 to 6.4 to											
Annı	6.5 Totals (sum of Lines 6.1 to 6.4) uities:											
\	7.1 Paid in cash or left on deposit.											
	7.2 Applied to provide paid-up annu	uities										
	7.3 Other											
8.	7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4)											
0.	DIRECT CLAIMS AND BENEFITS	PAID										
9.	Death benefits											
10.	Matured endowments											
11. 12.	Annuity benefits Surrender values and withdrawals for I											
13.	Aggregate write-ins for miscellaneous	direct										
١.,	claims and benefits paid											
14. 15.	All other benefits, except accident and Totals											
	AILS OF WRITE-INS											
1301.					l							
1302.												
	Commence of consistency with the fact time											
1390.	Summary of remaining write-ins for Lin overflow page											
1399.	Totals (Lines 1301 through 1303 plus											
	13 above)											
	1		Nedia ·		Credit Life p and Individual)		0		a decadad a l		T-4-I	
		1	Ordinary 2	3	p and individual)	5	Group 6	7	ndustrial 8	9	Total 10	
				No. of								
	DIRECT DEATH BENEFITS			Ind.Pols		No. of						
	AND MATURED ENDOWMENTS INCURRED	Number	Amount	& Group Certifs.	Amount	Certi- ficates	Amount	Number	Amount	Number	Amount	
16.	Unpaid December 31, prior year	1	49		7 tillouit		_			1	49	
17.	Incurred during current year	(1)	(49)							(1)	(49)	
10 1	Settled during current year: By payment in full											
18.1	By payment on compromised claims.	1										
18.3	Totals paid											
18.4	Reduction by compromise	1					1					
18.5	Amount rejected											
19.	Unpaid Dec. 31, current year (Lines											
	16 + 17 - 18.6)											
	DOLLOW EVALUATE					No. of						
20.	POLICY EXHIBIT In force December 31, prior year	12	29,362		(a)	Policies	00 700 740			13	68,768,872	
21.	Issued during year				(u)							
22.	Other changes to in force (Net)						. (21,967,827)				(21,958,827)	
23.	In force December 31 of current	40	20.000		(-)		40 774 000			40	40.040.045	
	year	13	38,362		(a)		46,771,683			13	46,810,045	

	ACCIDEN	I AND HEALI	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF ARKANSAS

LIFE INSURANCE

DURÎNG THE YEAR 2009 NAIC Company Code: 67032

NAI	C Group Code: 0000				LIFE INSURA	ANCE			NA	C Company	/ Code:	67032
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordina		2 Credit Life (Group and Individ	dual)		3 Group		4 Industrial		5 Total
1. 2.	Life Insurance											231
3.	Annuity considerations Deposit-type contract funds								1	X X X	I	
4.	Other considerations											
5.	Totals (sum of Lines 1 to 4)			231								231
	IRECT DIVIDENDS TO POLICYHO	DLDERS										
Life I	nsurance: 6.1 Paid in cash or left on deposit											
	Applied to pay renewal premium Applied to provide paid-up addit shorten the endowment or prem paying period	nstions or nium -										
	6.4 Other											
	6.5 Totals (sum of Lines 6.1 to 6.4)											
Annı	Paid in cash or left on depositApplied to provide paid-up annuOther	uities										
	7.4 Totals (sum of Lines 7.1 to 7.3)											
8.	Grand Totals (Lines 6.5 plus 7.4)											
9. 10.	DIRECT CLAIMS AND BENEFITS Death benefits Matured endowments											
11.	Annuity benefits											
12.	Surrender values and withdrawals for I			(3)								(3)
13.	Aggregate write-ins for miscellaneous claims and benefits paid	airect										
14.	All other benefits, except accident and	health										
15.	Totals											(3)
	AILS OF WRITE-INS				1							
1301. 1302.												
1398.	Summary of remaining write-ins for Lin	e 13 from										
1399.	overflow page	1398) (Line										
	13 above)				Credit Life							
	·	c	Ordinary	(Grou	ip and Individual)		(Group		Industrial		Total
		1	2	3	4	5		6	7	8	9	10
	DIRECT DEATH BENEFITS AND MATURED			No. of Ind.Pols & Group		No. o	- 1					
10	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficate		Amount	Number	Amount	Number	Amount
16. 17.	Unpaid December 31, prior year Incurred during current year Settled during current year:		1,131								(6)	1,131 (155)
18.1	By payment in full											
18.2	By payment on compromised claims . Totals paid						[
18.4	Reduction by compromise						- 1					
18.5	Amount rejected					1						
18.6 19.	Total settlements											
13.	16 + 17 - 18.6)	15	976								15	976
	POLICY EXHIBIT					No. o Polici	of	·				
20.	In force December 31, prior year				(a)		[36,304,405				36,309,123
21. 22. 23.	Issued during year Other changes to in force (Net) In force December 31 of current							(19,457,733)			1	(19,457,094)
Ĺ.,	year	9	5,357		(a)			16,846,672			9	16,852,029

	ACCIDEN	I AND DEALI	I INSURANC	, ⊏		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF CALIFORNIA

DURÎNG THE YEAR 2009 NAIC Company Code: 67032

... 188,403,732

NAI	C Group Code: 0000				LIFE INSURA	ANCE		NA	IC Company	y Code:	67032
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS		Ordina		(Group and Individ		Group		Industrial		Total
	Life Insurance						550			I	578,67
<u>.</u> .	Annuity considerations								X X X	l l	
3. 4.	Other considerations									I	
t. 5.	Totals (sum of Lines 1 to 4)			27 716			550	958			
	IRECT DIVIDENDS TO POLICYHO			27,710				330			370,07
	nsurance:	LDLING									
LIIGI	6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premium 6.3 Applied to provide paid-up addit shorten the endowment or prem	ns tions or						l l			1,61
	paying period									l l	1,64
	6.5 Totals (sum of Lines 6.1 to 6.4)			3,258							3,25
Annu	iities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
^	7.4 Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)			3,258							3,258
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										3,98
10.	Matured endowments										
	Annuity benefits Surrender values and withdrawals for li										
	Aggregate write-ins for miscellaneous		·	13,731							13,73
13.	claims and benefits paid	ullect									
14.	All other benefits, except accident and	health									
	Totals										
	AILS OF WRITE-INS										,.
	ALO OF WINTE-ING										
	Summary of remaining write-ins for Lin										
	overflow page										
1399.	Totals (Lines 1301 through 1303 plus 1										
	13 above)										
	1				Credit Life						
			Ordinary	(Grou	p and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group	_	Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year	14	11,564							14	l '
17.	Incurred during current year Settled during current year:	14	31,609							14	,
18.1	By payment in full	6	30,892							6	30,892
18.2	By payment on compromised claims .		20.000								20.000
18.3 18.4	Totals paid Reduction by compromise		30,892							6	,
10.4 18.5	Amount rejected										
18.6	Total settlements	6	30,892							6	30,89
19.	Unpaid Dec. 31, current year (Lines		50,032							0	30,09
	16 + 17 - 18.6)	22	12,281							22	12,28
			2,201			No. of				22	12,20
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year	846	3,245,375		(a)		297,214,035			846	300,459,41
21.	Issued during year	3	354,153		\- /·····					3	
22.	Other changes to in force (Net)	I I					(111,900,638)			(48)	
	In force December 31 of current	1 ' ' [/	1	İ	1	1 ' '			1 '	1
23.	ili lorce December 31 of current										

..... 801

. 3,090,335

ACCIDENT AND HEALTH INSURANCE

(a)..

185,313,397

	ACCIDEN	I AND DEALI	H INSURANC	, ⊏		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)	1,396,682	1,285,541		1,261,962	1,261,962
24.1	Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,220				
25.6	Totals (sum of Lines 25.1 to 25.5)	1,220				
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,397,902	1,285,541		1,261,962	1,261,962

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



43,913,661

DIRECT BUSINESS IN THE STATE OF COLORADO

DURÎNG THE YEAR 2009

NAIC Group Code: 0000		LIFE INSURA	NCE		NAI	NAIC Company Code: 67032				
DIRECT PREMIUMS	10	1		2 Credit Life		3		4		5
AND ANNUITY CONSIDERATION 1. Life Insurance		Ordina	•	(Group and Individ		Group		Industrial		Total
Annuity considerations										
. Deposit-type contract funds								X X X	I	
Other considerations										
. Totals (sum of Lines 1 to 4)										
DIRECT DIVIDENDS TO POLICY	IOLDERS									
ife Insurance:										
6.1 Paid in cash or left on deposi										
6.2 Applied to pay renewal premi 6.3 Applied to provide paid-up ad shorten the endowment or pr paying period	ditions or emium -									
6.4 Other										
6.5 Totals (sum of Lines 6.1 to 6.	4)									
Annuities:										
7.1 Paid in cash or left on deposi										
7.2 Applied to provide paid-up an 7.3 Other										
7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.										
3. Grand Totals (Lines 6.5 plus 7.4)										
DIRECT CLAIMS AND BENEFIT										
Death benefits										
0. Matured endowments										
1. Annuity benefits										
 Surrender values and withdrawals for Aggregate write-ins for miscellaneou 		S								
claims and benefits paid										
All other benefits, except accident as										
5. Totals										
DETAILS OF WRITE-INS										
301										
302.										
1303.										
398. Summary of remaining write-ins for loverflow page										
1399. Totals (Lines 1301 through 1303 plu										
13 above)	, ,									
1				Credit Life	<u> </u>				•	
		Ordinary		up and Individual)		Group		ndustrial		Total
	1	2	3 No of	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of Ind.Pols & Group		No. of Certi-					
ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
 Unpaid December 31, prior year Incurred during current year 	1	100 1,007							1 2	
Settled during current year:	2	1,007							2	
8.1 By payment in full										
8.2 By payment on compromised claims	I									
8.3 Totals paid										
8.4 Reduction by compromise	1									
8.5 Amount rejected										
8.6 Total settlements	I									
 Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 	1	1,107							3	 1,1
10 - 11 10.0	1				No. of					
POLICY EXHIBIT					Policies					
0. In force December 31, prior year	20	23,646		(a)		64,823,854			20	64,847,50
1. Issued during year										
22. Other changes to in force (Net)						(20,933,839)				(20,933,83
23. In force December 31 of current	20	23 646		(a)		43 890 015			20	43 913 66

..... 20

.... 23,646

ACCIDENT AND HEALTH INSURANCE

(a)..

	ACCIDEN	I AND HEALI	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF CONNECTICUT

LIFE INSURANCE NAIC Group Code: 0000

DURING THE YEAR 2009 NAIC Company Code: 67032

..... 31 9,789,796

NAI	C Group Code: 0000				LIFE INSURA	NCE		INAI	C Company	Code:	0/032
	DIRECT PREMIUMS		1 Ordina		2 Credit Life		3		4 Industrial		5 Total
1.	AND ANNUITY CONSIDERATIONS Life Insurance		Ordina		(Group and Individ	,	Group				Total 168
1. 2.											
<u>2.</u> 3.	Annuity considerations Deposit-type contract funds								X X X	I	
). 4.	Other considerations										
+. 5.	Totals (sum of Lines 1 to 4)			168						1	
				100							
	IRECT DIVIDENDS TO POLICYHO	ILDEK9									
Lite i	nsurance:										
	6.1 Paid in cash or left on deposit										4
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem paying period	ılum -		12							41
											13
	6.4 Other			4							
	6.5 Totals (sum of Lines 6.1 to 6.4)			17							1
۱nnu	iities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 Totals (sum of Lines 7.1 to 7.3)										
	Grand Totals (Lines 6.5 plus 7.4)			17							
	DIRECT CLAIMS AND BENEFITS										
	Death benefits										1,000
0.	Matured endowments										
1.	Annuity benefits										
2.	Surrender values and withdrawals for li		S .								
3.	Aggregate write-ins for miscellaneous	direct									
	claims and benefits paid										
	All other benefits, except accident and									1	4.000
5.	Totals			1,000							1,000
	AILS OF WRITE-INS				_						
1301.											
1302.											
398.	Summary of remaining write-ins for Lin										
	overflow page										
399.	Totals (Lines 1301 through 1303 plus 1										
	13 above)										
	1				Credit Life						
			Ordinary		p and Individual)		Group		ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
6.	Unpaid December 31, prior year	2	434							2	
7.	Incurred during current year	2	1,186							2	1,186
	Settled during current year:										
8.1	By payment in full										
8.2	By payment on compromised claims .										
8.3	Totals paid										
8.4	Reduction by compromise										
8.5	Amount rejected										
8.6	Total settlements										
9.	Unpaid Dec. 31, current year (Lines		4 000								
	16 + 17 - 18.6)	4	1,620							4	1,62
						No. of					
	POLICY EXHIBIT	I	I	1		Policies					
0.				1	4)						
	In force December 31, prior year	35	102,101		(a)		21,906,115			35	22,008,21
1.	In force December 31, prior year Issued during year				(a)						
:1. :2.	In force December 31, prior year Issued during year Other changes to in force (Net)				(a)		21,906,115 				
1.	In force December 31, prior year Issued during year				(a)						22,008,216

ACCIDENT AND HEALTH INSURANCE

... 9,753,337

	ACCIDEN	I AND HEALI	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF DELAWARE

DURÎNG THE YEAR 2009

NAI	C Group Code: 0000				LIFE INSURA	NCE		INAI	C Company	/ Code:	6/032
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS		Ordina	,	(Group and Individ	,	Group		Industrial		Total
1.	Life Insurance										169
2.	Annuity considerations										
3.	Deposit-type contract funds								X X X		
4.	Other considerations										
5.	Totals (sum of Lines 1 to 4)			169							169
D	IRECT DIVIDENDS TO POLICYHO	DLDERS									
Life I	Insurance:										
	6.1 Paid in cash or left on deposit.			10							10
	6.2 Applied to pay renewal premiur	ns									
	6.3 Applied to provide paid-up addi	tions or									
	shorten the endowment or pren	nium -									
	paying period			52							52
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)										62
Annı	uities:										
/	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)										62
ļ	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits	PAID		154 046			21	150			175.205
10.	Matured endowments						21				175,205
11.	Annuity benefits										
12.	Surrender values and withdrawals for l										(15)
13.	Aggregate write-ins for miscellaneous		·	(13)							(15)
13.	claims and benefits paid	ullect									
14.	All other benefits, except accident and	hoolth									
15.	Totals						21				175.190
_				104,001				, 100			175,130
_	AILS OF WRITE-INS				1						
1301.											
1302.											
1303.											
1398.	Summary of remaining write-ins for Lir										
	overflow page										
1399.	Totals (Lines 1301 through 1303 plus	, ,									
	13 above)										
	1				Credit Life						
			Ordinary		p and Individual)		Group		ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year	3	3,264							3	3,264
	Settled during current year:										
18.1	By payment in full	1	1,609							1	1,609
18.2	By payment on compromised claims .										
18.3	Totals paid	1	1,609							1	1,609
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements	1	1,609							1	1,609
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)	<u> </u> 2								2	1,655
						No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year	16	158,107		(a)		9,166,469			16	9,324,576
21.	Issued during year										
22.	Other changes to in force (Net)						(5,176,468)			1	(5,115,097)
23	In force December 31 of current	`1	- /	1		1	` ' ' ' '	1	1	`-'	` /

ACCIDENT AND HEALTH INSURANCE

..... 3,990,001

		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF **DISTRICT OF COLUMBIA**

DURING THE YEAR 2009 NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

INAI	C Group Code. 0000				LIFE INSURF	INCE		INAI	C Company	Coue.	07032
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordina		2 Credit Life (Group and Individ		3 Group		4 Industrial		5 Total
1.	Life Insurance										488,071
2.	Annuity considerations			7,238							7,238
3.	Deposit-type contract funds										
4.	Other considerations										
5.	Totals (sum of Lines 1 to 4)			490,103					5,20	06	495,309
D	IRECT DIVIDENDS TO POLICYHO	LDERS									
Life I	nsurance:										
	6.1 Paid in cash or left on deposit			5,696							5,696
	6.2 Applied to pay renewal premiun										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem			- 004							- 004
	paying period										
	6.4 Other			40.077							40.077
	6.5 Totals (sum of Lines 6.1 to 6.4)			13,077							13,077
Annu	uities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu 7.3 Other										
	7.3 Other										
8.	Grand Totals (Lines 6.5 plus 7.4)			13 077							13 077
-	DIRECT CLAIMS AND BENEFITS			13,077							13,077
9.	Death benefits			271 /112					7./	72	270 00/
9. 10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous	direct									
	claims and benefits paid										
14.	All other benefits, except accident and	health									
15.	Totals			541,766					15,1	51	556,917
DET/	AILS OF WRITE-INS										
1398.	Summary of remaining write-ins for Lin	e 13 from									
	overflow page										
1399.	Totals (Lines 1301 through 1303 plus	1398) (Line									
	13 above)										
	1		•		Credit Life						
			Ordinary	(Grou	ıp and Individual)		Group	I	ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year	175	85,851			1	500	639	47,701	815	134,052
17.	Incurred during current year	52	269,106			(1)	(500)	(2)	14,812	49	283,418
	Settled during current year:										
18.1	By payment in full	87		1				33		120	· · · · · · · · · · · · · · · · · · ·
18.2	By payment on compromised claims .		000 040						40.000	400	
18.3	Totals paid	87		1				33			
18.4	Reduction by compromise			1							
18.5 18.6	Amount rejected	87	282,013					33	13,969	120	295,982
19.	Unpaid Dec. 31, current year (Lines	07	202,013					33	13,909	120	295,982
13.	16 + 17 - 18.6)	140	72,944					604	48,544	744	121,488
	10 - 11 - 10.0/	140	12,344			No. of		004	40,544	144	121,400
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year	3,636	24,714,935		(a)		140,431,347	3,711	1,438,220	7,347	166,584,502
20. 21.	Issued during year	22			(a)				1,430,220	22	675,065
22.	Other changes to in force (Net)	(204)	(1,820,995)				43,108,716	1,004	29,320	800	41,317,041
23.	In force December 31 of current	(20-1)	(1,520,555)					1,004	25,020		
	Vear	3 454	23 569 005		(a)		183 540 063	4 715	1 467 540	8 169	208 576 608

... 3,454

. 23,569,005

ACCIDENT AND HEALTH INSURANCE

(a).

183,540,063

8,169

208,576,608

	ACCIDEN	I AND DEALI	I INSURANC	, ⊏		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	12,890	765		2,760	2,760
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)	1,011				6
25.6	Totals (sum of Lines 25.1 to 25.5)	13,901	765		2,760	2,766
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,901	1 765		2,760	2,766

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

persons insured under indemnity only products .



DIRECT BUSINESS IN THE STATE OF FLORIDA

LIFE INSURANCE

NAIC Company Code: 67032

NAI	C Group Code: 0000				LIFE INSURA	NCE		NA	NAIC Company Code: 67032			
	•		1		2		3		4		5	
	DIRECT PREMIUMS				Credit Life						-	
1.	AND ANNUITY CONSIDERATIONS Life Insurance		Ordina		(Group and Individ		Group 347,	040	Industrial		Total 354,610	
2.	Annuity considerations									l l	, ,	
3.	Deposit-type contract funds				X X X							
4.	Other considerations											
5.	Totals (sum of Lines 1 to 4)			7,560			347,	049			354,610	
	PIRECT DIVIDENDS TO POLICYHO	DLDERS										
Life	Insurance: 6.1 Paid in cash or left on deposit.			07							07	
	6.2 Applied to pay renewal premiun										91	
	6.3 Applied to provide paid-up addit											
	shorten the endowment or pren	nium -										
	paying period											
	6.4 Other									_		
A	6.5 Totals (sum of Lines 6.1 to 6.4)			304							304	
Annu	uities: 7.1 Paid in cash or left on deposit.											
	7.2 Applied to provide paid-up annu									l l		
	7.3 Other											
	7.4 Totals (sum of Lines 7.1 to 7.3)											
8.	Grand Totals (Lines 6.5 plus 7.4)			304							304	
	DIRECT CLAIMS AND BENEFITS										=0.000	
9. 10.	Death benefits											
11.	Annuity benefits											
12.	Surrender values and withdrawals for I									l l		
13.	Aggregate write-ins for miscellaneous	direct										
l	claims and benefits paid											
14. 15.	All other benefits, except accident and Totals											
1.0.				7,104			50,	,000			57,104	
	AILS OF WRITE-INS											
1301. 1302.												
1302.												
	Summary of remaining write-ins for Lin											
	overflow page											
1399.	Totals (Lines 1301 through 1303 plus											
	13 above)											
	1	,	Ordinon		Credit Life up and Individual)		Croup		Industrial		Total	
		1	Ordinary 2	3	4	5	Group 6	7	Industrial 8	9	10	
			_	No. of								
	DIRECT DEATH BENEFITS			Ind.Pols		No. of						
	AND MATURED	l		& Group		Certi-				l		
16	ENDOWMENTS INCURRED	Number 14	Amount 794	Certifs.	Amount	ficates	Amount	Number	Amount	Number 14	Amount 794	
16. 17.	Unpaid December 31, prior year Incurred during current year	(5)	1,709							(1)	194,909	
	Settled during current year:	(3)	,,,,,,,,,				,			(1)		
18.1	By payment in full	1	1,075				4 193,200			5	194,275	
18.2	By payment on compromised claims .					1						
18.3	Totals paid					1					194,275	
18.4	Reduction by compromise					1						
18.6	Total settlements									5	194,275	
19.	Unpaid Dec. 31, current year (Lines		1,010				1				,	
	16 + 17 - 18.6)	8	1,428							8	1,428	
						No. of						
20	POLICY EXHIBIT		047 500		(-)	Policies					070 050 405	
20.	In force December 31, prior year Issued during year	1	617,523		(a)		.,,				278,653,185	
22.	Other changes to in force (Net)		116,825							6	(179,942,137)	
23.	In force December 31 of current		110,020			,					(5,5 12,157)	
	year	62	734,348		(a)		97,976,700			62	98,711,048	

				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	()ther Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	298				
25.6	Totals (sum of Lines 25.1 to 25.5)	298				
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF GEORGIA

DURING THE YEAR 2009 NAIC Company Code: 67032

. 6,407 3,245,648 ... 15,238

88,223,364

. 178,531,015

NAIC	Group Code: 0000				LIFE INSUR	ANCE		NAI	C Company	Code:	67032
	DIRECT PREMIUMS		1 Outline		2 Credit Life		3		4		5
. I	AND ANNUITY CONSIDERATIONS ife Insurance		Ordina		(Group and Indiv		Group	675	Industrial	0	Total 1 912 940
1. L 2. /	Annuity considerations			24 042				073			24 042
3. [Deposit-type contract funds				X X X				X X X		
1. (Other considerations										
	Totals (sum of Lines 1 to 4)			1,800,288			5	675	31,91	8	1,837,882
	RECT DIVIDENDS TO POLICYHO	LDERS									
	surance:										
	Paid in cash or left on deposit Applied to pay renewal premium										
6	Applied to provide paid-up addit shorten the endowment or prem paying period	ions or nium -		34,713						4)	34,70
	6.4 Other			40.017						4)	40.04
۰ Annuit				49,917					(4)	49,912
	7.1 Paid in cash or left on deposit										
7	7.2 Applied to provide paid-up annu 7.3 Other	ities									
	7.4 Totals (sum of Lines 7.1 to 7.3)										
	Grand Totals (Lines 6.5 plus 7.4)			49,917						4)	49,912
	DIRECT CLAIMS AND BENEFITS			050 400					40.50	,,	400.004
	Death benefits										
	Annuity benefits										
12.	Surrender values and withdrawals for li	ife contracts	3	128,548					20,95	55	149,50
13. <i>A</i>	Aggregate write-ins for miscellaneous	direct									
	claims and benefits paid										
	All other benefits, except accident and										
	Totals			490,695						08	563,662
	LS OF WRITE-INS				1						
	Summary of remaining write-ins for Lin										
(overflow page										
	Totals (Lines 1301 through 1303 plus 1										
1	3 above)										
	1		o "	l	Credit Life		0	١.	1. (2.1		T
		1	Ordinary 2	(Grou	ip and Individual) 4	5	Group 6	7	ndustrial 8	9	Total 10
		'	2	No. of	4			,	0	3	10
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
	Unpaid December 31, prior year	347	112,784					1,047	121,322	1,394	234,106
17.	Incurred during current year	99	680,295					186	62,179	285	742,474
18.1	Settled during current year: By payment in full	134	629.788					79	55,386	213	685,174
	By payment on compromised claims.	104				1		19			
18.3	Totals paid	134						79	55,386	213	685,174
	Reduction by compromise										
	Amount rejected							<u>-</u> -			005 45
18.6 19.	Total settlementsUnpaid Dec. 31, current year (Lines	134	629,788					79	55,386	213	685,174
	16 + 17 - 18.6)	312	163,291					1,154	128,115	1,466	 291.406
		012	100,201			No. of		1,104	120,110	1,-100	201,700
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year	7,727	86,423,775		(a)		134,123,753	5,432	3,253,603	13,159	223,801,131
21.	Issued during year	1,220	20,306,544							1,220	20,306,544
	Other changes to in force (Net)	(116)	(19,668,316)				(45,900,389)	975	(7,955)	859	(65,576,660)
	In force December 31 of current	g g31	87 062 003				88 223 364	6.407	3 2/15 6/18	15 238	178 531 015

.... 8,831

. 87,062,003

ACCIDENT AND HEALTH INSURANCE

(a).

	ACCIDEN	I AND DEALI	I INSURANC	· C		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)	670,160	670,160		282,165	361,514
24.1	Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	11,876	3,145		11,313	11,313
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)	42,220			100,223	100,935
25.6	Totals (sum of Lines 25.1 to 25.5)	54,096	3,145		111,535	112,248
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	724,256	673,305			473,761

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF HAWAII

NAIC Group Code: 0000 LIFE INSURANCE

DURING THE YEAR 2009 NAIC Company Code: 67032

	'		1		2			3		4		5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		Ordina	ary	Credit Life (Group and Individ	ual)		Group		Industrial		Total
1.	Life Insurance											
2.	Annuity considerations					I .						
3. 4.	Deposit-type contract funds Other considerations				X X X					X X X		
5.	Totals (sum of Lines 1 to 4)											
_	IRECT DIVIDENDS TO POLICYHO											
1	nsurance:											
	6.1 Paid in cash or left on deposit											
	6.2 Applied to pay renewal premium											
	6.3 Applied to provide paid-up addit shorten the endowment or prem											
	paying period											
	6.4 Other											
	6.5 Totals (sum of Lines 6.1 to 6.4)											
Annı												
	7.1 Paid in cash or left on deposit					I .						
	7.2 Applied to provide paid-up annu 7.3 Other											
	7.4 Totals (sum of Lines 7.1 to 7.3)											
8.	Grand Totals (Lines 6.5 plus 7.4)											
	DIRECT CLAIMS AND BENEFITS	PAID										
9.	Death benefits											
10.	Matured endowments											
11.	Annuity benefits											
12. 13.	Surrender values and withdrawals for I Aggregate write-ins for miscellaneous		S									
10.	claims and benefits paid											
14.	All other benefits, except accident and											
15.	Totals											
DETA	AILS OF WRITE-INS											
1301.												
1302.												
1303.	Summary of remaining write-ins for Lin											
1000.	overflow page											
1399.	Totals (Lines 1301 through 1303 plus	1398) (Line										
	13 above)											
	1			,,	Credit Life							-
		1	Ordinary 2	(Grou	ip and Individual)	5		Group 6	7	Industrial 8	9	Total 10
		'	2	No. of	4			0	,	0	3	10
	DIRECT DEATH BENEFITS			Ind.Pols		No. o	of					
	AND MATURED			& Group		Certi-	-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficate	s	Amount	Number	Amount	Number	Amount
16. 17.	Unpaid December 31, prior year Incurred during current year	2									2	2,665
''.	Settled during current year:		∠,005								2	2,005
18.1	By payment in full											
18.2	By payment on compromised claims .											
18.3	Totals paid											
18.4	Reduction by compromise											
18.5 18.6	Amount rejected											
19.	Unpaid Dec. 31, current year (Lines											
	16 + 17 - 18.6)	2	2,665								2	2,665
	·					No. o	of					
	POLICY EXHIBIT					Policie	es			1		
20.	In force December 31, prior year	287	442,626		(a)			34,984,064			287	35,426,690
21. 22.	Issued during year Other changes to in force (Net)	(13)	(25,500)					(7,497,388)			(13)	(7,522,888)
23.	In force December 31 of current	(13)	(20,000)					(1,431,300)			(13)	(1,322,000)
	year	274	417,126		(a)		<u></u>	27,486,676			274	27,903,802

	ACCIDENT	HIND HEALT	H INSURANC	· C		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF IDAHO

LIFE INSURANCE

DURING THE YEAR 2009 NAIC Company Code: 67032

NAI	C Group Code: 0000				LIFE INSUR	ANCE		NAI	NAIC Company Code: 67032				
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5		
	AND ANNUITY CONSIDERATIONS		Ordina		(Group and Indiv		Group		Industrial		Total		
1.	Life Insurance										27		
2.	Annuity considerations												
3. 4.	Deposit-type contract funds Other considerations								X X X	I			
5.	Totals (sum of Lines 1 to 4)									I	27		
D	IRECT DIVIDENDS TO POLICYHO												
	nsurance:												
	6.1 Paid in cash or left on deposit												
	6.2 Applied to pay renewal premium												
	6.3 Applied to provide paid-up addit shorten the endowment or prem												
	paying period			5							5		
	6.4 Other												
	6.5 Totals (sum of Lines 6.1 to 6.4)			5							5		
Annu													
	7.1 Paid in cash or left on deposit									I			
	7.2 Applied to provide paid-up annu 7.3 Other												
	7.4 Totals (sum of Lines 7.1 to 7.3)												
8.	Grand Totals (Lines 6.5 plus 7.4)										5		
	DIRECT CLAIMS AND BENEFITS												
9.	Death benefits												
10. 11.	Matured endowments												
12.	Surrender values and withdrawals for I												
13.	Aggregate write-ins for miscellaneous	direct											
	claims and benefits paid												
1	All other benefits, except accident and												
15.	Totals												
1301.	AILS OF WRITE-INS				T								
1301.													
1303.													
1398.	Summary of remaining write-ins for Lin												
1200	overflow page												
1399.	Totals (Lines 1301 through 1303 plus 13 above)												
	1				Credit Life					T			
		(Ordinary	(Grou	p and Individual)		Group	1	ndustrial		Total		
		1	2	3	4	5	6	7	8	9	10		
	DIDECT DEATH DENESTO			No. of Ind.Pols		No. of							
	DIRECT DEATH BENEFITS AND MATURED			& Group		Certi-							
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount		
16.	Unpaid December 31, prior year												
17.	Incurred during current year												
18.1	Settled during current year: By payment in full												
18.2	By payment on compromised claims .												
18.3	Totals paid												
18.4	Reduction by compromise												
18.5	Amount rejected												
18.6 19.	Total settlements Unpaid Dec. 31, current year (Lines												
'0.	16 + 17 - 18.6)					.							
	,					No. of							
	POLICY EXHIBIT					Policies							
20.	In force December 31, prior year		7,010		(a)		-,-,-,			7	19,929,709		
21. 22.	Other changes to in force (Net)		(1,000)				/			(1)	(9,062,029)		
23.	In force December 31 of current	(1)	(1,000)				(3,001,029)			(1)	(3,002,029)		
	year	6	6,010		(a)		10,861,670			6	10,867,680		
_													

	ACCIDEN	I AND HEALI	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF ILLINOIS

NAIC Group Code: 0000

LIFE INSURANCE

DURING THE YEAR 2009 NAIC Company Code: 67032

.....(2,536)

INVI	C Group Code. 0000				LIFE INSURP	INCE		INAI	C Company	Code.	07032
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordina	ary	2 Credit Life (Group and Individ	ual)	3 Group		4 Industrial		5 Total
1.	Life Insurance			748,001			2,281,	644	48,62	21	3,078,265
2.	Annuity considerations			700							700
3.	Deposit-type contract funds				X X X				X X X		
4.	Other considerations			740 704			0.004		40.00		2.070.005
5.	Totals (sum of Lines 1 to 4) IRECT DIVIDENDS TO POLICYHO			/48,/01			Z,Z81,	044	48,02	21	3,078,965
		DEDEK2									
Lite	 nsurance: 6.1 Paid in cash or left on deposit . 6.2 Applied to pay renewal premiur 6.3 Applied to provide paid-up addi 	ns tions or									
	shorten the endowment or pren paying period										
	6.4 Other			າລ ລວງ						2)	22.060
Annı	uities:			23,332					(0	3)	23,209
AIIII	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu 7.3 Other	uities									
	7.4 Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)			23,332					(6	3)	
	DIRECT CLAIMS AND BENEFITS	PAID									
9.	Death benefits										
10.	Matured endowments										
11. 12.	Annuity benefits										
13.	Aggregate write-ins for miscellaneous	direct									
14.	claims and benefits paid										
15.	Totals	nealli		584.634			1.637.	385	91.52	23	2.313.542
DET									,		
1303. 1398.	Summary of remaining write-ins for Lir overflow page	ne 13 from 1398) (Line		<u></u>							
	1	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	Credit Life	· · · · · · · · · · · · · · · · · · ·					
	•		Ordinary	(Grou	up and Individual)		Group	ı	ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS AND MATURED			No. of Ind.Pols & Group		No. of Certi-					
10	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16. 17.	Unpaid December 31, prior year Incurred during current year	75 117	53,044 414,175			20	14,250 1,495,676	525 123	101,435 72,934	601	168,729 1,982,785
18.1	Settled during current year: By payment in full	98	383,579			20		101	68,833	219	1,927,338
18.2	By payment on compromised claims										
18.3	Totals paid	1				20		101			1,927,338
18.4 18.5	Reduction by compromise Amount rejected										
18.6	Total settlements					20		101			1,927,338
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)		83,640			1		547	,		, ,
	7	34				No. of	33,000	041	100,000	042	224,170
20.	POLICY EXHIBIT In force December 31, prior year	7,583	47,090,587		(a)	Policies 3	. 1,075,728,536	6,654	4,485,373	14,240	1,127,304,496
21.	Issued during year				(a)		1,073,720,330	0,054	4,465,575	76	1,127,304,490
22. 23.	Other changes to in force (Net) In force December 31 of current					(2)	(965,625,183)	134	(103,320)		(970,856,195)
	year	7,347	43,528,034		(a)		110,103,353	6,788	4,382,053	14,136	158,013,440
(-) I	ludes Individual Cradit Life Incurance or			· C	^				, ,,,,,,,		

	ACCIDEN1	TAND HEALT	H INSURANC	E		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees				(2,536)	(2,536)
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	1,946	7			
25.6	Totals (sum of Lines 25.1 to 25.5)	1 946	7			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

1,946



DIRECT BUSINESS IN THE STATE OF INDIANA

LIFE INSURANCE

DURING THE YEAR 2009 NAIC Company Code: 67032

40 38,083,906

NAI	C Group Code: 0000				LIFE INSURA	NCE		NA	IC Company	/ Code:	67032
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	ary	2 Credit Life (Group and Individ	lual)	3 Group		4 Industrial		5 Total
1.	Life Insurance										18,742
2.	Annuity considerations									I	
3. 4.	Deposit-type contract funds Other considerations								X X X		
5.	Totals (sum of Lines 1 to 4)										
	IRECT DIVIDENDS TO POLICYHO			1,002				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10,142
	nsurance:	LDLING									
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premiun										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prempaying period	nium -		106							106
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)			106							106
Annı	uities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other							l l			
8.	7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4)			106							
0.	DIRECT CLAIMS AND BENEFITS			100							100
9.	Death benefits		.								
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous claims and benefits paid	airect									
14.	All other benefits, except accident and										
15.	Totals										
DETA	AILS OF WRITE-INS		•		•						
1301.											
1302.											
1303.											
1398.	Summary of remaining write-ins for Lin overflow page										
1399	Totals (Lines 1301 through 1303 plus										
	13 above)		.								
	1		•		Credit Life	T .				<u> </u>	
			rdinary	(ip and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS			No. of Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year		950							3	950
17.	Incurred during current year	6	7,128							6	7,128
10 1	Settled during current year: By payment in full										
18.1	By payment on compromised claims.										
18.3	Totals paid										
18.4	Reduction by compromise										
18.5	Amount rejected			1							
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	اها	8,078							9	8,078
	10 - 11 - 10.0/					No. of				9	
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year	37	49,684		(a)					38	69,509,629
21.	Issued during year										
22. 23.	Other changes to in force (Net) In force December 31 of current	2	6,545				. (31,432,268)			2	(31,425,723)
1 Z J.	III loice December 31 of current	1		1	I	1	1		1	1	1

...... 39 56,229 (a)......

ACCIDENT AND HEALTH INSURANCE

..... 1 38,027,677

	ACCIDEN	AND HEALI	INSURANC	· L		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)	228,268	228,268		434,376	464,018
24.1	Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	228,268	228,268		434,376	464,018

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF IOWA

NAIC Group Code: 0000 LIFE INSURANCE

DURING THE YEAR 2009 NAIC Company Code: 67032

		1		2		3		4		5	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		Ordina	ary	Credit Life (Group and Individ	lual)	Group		Industrial		Total
1.	Life Insurance										110
	Annuity considerations Deposit-type contract funds								X X X	I	
4.	Other considerations										
5.	Totals (sum of Lines 1 to 4)			110							110
	IRECT DIVIDENDS TO POLICYHO nsurance:	LDERS									
Lile	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premiun	ıs									
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prempaying period			24							24
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)			24							24
Annu											
	7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 Totals (sum of Lines 7.1 to 7.3)										
	Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS			24							24
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits Surrender values and withdrawals for I										
12. 13.	Aggregate write-ins for miscellaneous										
	claims and benefits paid										
	All other benefits, except accident and										
15.	TotalsAILS OF WRITE-INS										
1301.											
1302.			.								
1303.											
1398.	Summary of remaining write-ins for Lin overflow page										
1399.	Totals (Lines 1301 through 1303 plus										
	13 above)										
	1		.	(0)	Credit Life		0				.
		1	Ordinary 2	(Grou	up and Individual) 4	5	Group 6	7	Industrial 8	9	Total 10
			=	No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED ENDOWMENTS INCURRED	Number	Amount	& Group Certifs.	Amount	Certi- ficates		Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
18.1	Settled during current year: By payment in full										
18.2	By payment on compromised claims .										
18.3	Totals paid										
18.4 18.5	Reduction by compromise Amount rejected										
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines		*****								
	16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of Policie					
20.	In force December 31, prior year	26	29,645		(a)		28,457,310	ĵ		26	28,486,961
21.	Issued during year										(47.047.000)
22. 23.	Other changes to in force (Net) In force December 31 of current		29				(17,817,312) · · · · · · · · ·			(17,817,283)
	year	26	29,674		(a)		10,640,004	4		26	10,669,678

ACCIDENT AND HEALTH INSURANCE

	ACCIDEN	I AND HEALI	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

persons insured under indemnity only products ..



DIRECT BUSINESS IN THE STATE OF KANSAS

NAIC Company Code: 67032

NAI	C Group Code: 0000				LIFE INSURA	ANCE		NAI	NAIC Company		67032
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS		Ordina		(Group and Indivi	,	Group		Industrial		Total
1.	Life Insurance										30
2. 3.	Annuity considerations Deposit-type contract funds								X X X	I	
4.	Other considerations									1	
5.	Totals (sum of Lines 1 to 4)									1	30
D	RECT DIVIDENDS TO POLICYHO										
	nsurance:										
	6.1 Paid in cash or left on deposit			23							
	6.2 Applied to pay renewal premiun										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prempaying period	num -		•							
	6.4 Other									I	
	6.5 Totals (sum of Lines 6.1 to 6.4)			26						_	20
	ities:			20							
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)			26							26
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits						40,				40,000
10.	Matured endowments										
	Annuity benefits										21
	Aggregate write-ins for miscellaneous		•	21							2
	claims and benefits paid										
14.	All other benefits, except accident and										
15.	Totals			21			40,	000			40,021
DETA	AILS OF WRITE-INS										
1301.											
1398.	Summary of remaining write-ins for Lin										
4000	overflow page										
1399.	Totals (Lines 1301 through 1303 plus 13 above)	, ,									
	13 above)			· · · · · · · · · · · · · · · · · · ·	Credit Life						
	I	١ ,	Ordinary	(Gro	ip and Individual)		Group		ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							-
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
10	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year	1	25							1	25
17.	Incurred during current year Settled during current year:	1	567							1	567
18.1	By payment in full										
18.2	By payment on compromised claims.										
	Totals paid									1	
18.2 18.3 18.4	Totals paid										
18.2 18.3 18.4 18.5	Totals paid										
18.2 18.3 18.4 18.5 18.6	Totals paid										
18.2 18.3 18.4 18.5	Totals paid										FOC
18.2 18.3 18.4 18.5 18.6	Totals paid										592
18.2 18.3 18.4 18.5 18.6	Totals paid					No. of					
18.2 18.3 18.4 18.5 18.6 19.	Totals paid	2				No. of Policies	35 000 127			2	
18.2 18.3 18.4 18.5 18.6 19.	Totals paid	2	592		(a)	No. of	35,900,127				
18.2 18.3 18.4 18.5 18.6	Totals paid	2				No. of Policies				2	35,931,614
18.2 18.3 18.4 18.5 18.6 19.	Totals paid	2			(a)	No. of Policies	35,900,127			2	

	ACCIDEN	I AND HEALI	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF KENTUCKY

DURÎNG THE YEAR 2009 NAIC Company Code: 67032

NAI	C Group Code: 0000				LIFE INSURA	NCE		NA	IC Company	Code: 67032			
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	201	2 Credit Life (Group and Individ	ual)	3 Croup		4		5		
1.	Life Insurance		Ordina			,	Group		Industrial		Total 56,572		
2.	Annuity considerations							1					
3.	Deposit-type contract funds								X X X				
4.	Other considerations												
5.	Totals (sum of Lines 1 to 4) IRECT DIVIDENDS TO POLICYHO			56,572							56,572		
1	IRECT DIVIDENDS TO POLICTHO nsurance:	ILDEK9											
Lile	6.1 Paid in cash or left on deposit												
	6.2 Applied to pay renewal premium												
	6.3 Applied to provide paid-up addit shorten the endowment or prem	tions or nium -											
	paying period										24		
	6.4 Other										0.4		
Annu	6.5 Totals (sum of Lines 6.1 to 6.4)			24							24		
Aiiiiu	7.1 Paid in cash or left on deposit												
	7.2 Applied to provide paid-up annu												
	7.3 Other												
	7.4 Totals (sum of Lines 7.1 to 7.3)												
8.	Grand Totals (Lines 6.5 plus 7.4)	DAID		24							24		
9.	DIRECT CLAIMS AND BENEFITS Death benefits												
10.	Matured endowments												
11.	Annuity benefits												
12.	Surrender values and withdrawals for I		3 .	682							682		
13.	Aggregate write-ins for miscellaneous	direct											
14.	claims and benefits paid	health											
15.	Totals			682							682		
DET/	AILS OF WRITE-INS				•			'		•			
1301.													
1302.													
	Comment of a maining with in a faulting												
1390.	Summary of remaining write-ins for Lin overflow page												
1399.	Totals (Lines 1301 through 1303 plus												
	13 above)	, ,											
	1				Credit Life								
		1	Ordinary 2	(Grou	p and Individual) 4	5	Group 6	7	Industrial 8	9	Total 10		
		ı	2	No. of	4	5	0		0	9	10		
	DIRECT DEATH BENEFITS			Ind.Pols		No. o	f						
	AND MATURED			& Group		Certi-							
10	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficate		Number	Amount	Number	Amount		
16. 17.	Unpaid December 31, prior year Incurred during current year	9	8,975 16,099							9	8,975 16,099		
'''	Settled during current year:		10,099										
18.1	By payment in full	8	23,981							8	23,981		
18.2	By payment on compromised claims .												
18.3	Totals paid									8	23,981		
18.4	Reduction by compromise Amount rejected												
18.6	Total settlements	8	23.981							8	23,981		
19.	Unpaid Dec. 31, current year (Lines												
	16 + 17 - 18.6)	5	1,093							5	1,093		
	POLICY EXHIBIT					No. o Policie	es						
20.	In force December 31, prior year				(a)					20	46,366,749		
21.	Issued during year									13			
22. 23.	Other changes to in force (Net) In force December 31 of current	183	121,067				(18,774,413)			183	(18,047,346)		
20.	year	216	920,577		(a)		27,486,676	;		216	28,407,253		

	ACCIDENT	I AND HEALT	II IIIOUIAIIO	' L		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)	546				
25.6	Totals (sum of Lines 25.1 to 25.5)	546				
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	546				

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF LOUISIANA

DURING THE YEAR 2009 NAIC Company Code: 67032

NAI(C Group Code: 0000				LIFE INSURA	NCE		NAI	C Company	Code:	b/U32
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS Life Insurance		Ordina		(Group and Individ		Group		Industrial		Total 137,75
	Annuity considerations					l l					
	Deposit-type contract funds								X X X	1	
	Other considerations					I					
	Totals (sum of Lines 1 to 4)										
	RECT DIVIDENDS TO POLICYHO			. , .							, -
	surance:										
	6.1 Paid in cash or left on deposit			26							2
	6.2 Applied to pay renewal premium					I				1	
	6.3 Applied to provide paid-up addit	ions or									
	shorten the endowment or prem	nium -									
	paying period							II		1	8
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)			110							11
\nnui											
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu 7.3 Other										
	7.4 Totals (sum of Lines 7.1 to 7.3)										
	Grand Totals (Lines 6.5 plus 7.4)			110							
,. I	DIRECT CLAIMS AND BENEFITS	DVID									
	Death benefits			2 000							2.00
	Matured endowments					l l					
	Annuity benefits										
12.	Surrender values and withdrawals for li	ife contracts	s	5,651							5,65
13.	Aggregate write-ins for miscellaneous	direct									
	claims and benefits paid										
	All other benefits, except accident and										
	Totals			7,651							7,65
DETA	ILS OF WRITE-INS										
	Summary of remaining write-ins for Lin										
	overflow page										
	Totals (Lines 1301 through 1303 plus 1	, ,									
	13 above)					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
	1		Ordinary	(0***	Credit Life		Croun	l ,	ndustrial		Total
		1	Ordinary 2	3	ıp and Individual) 4	5	Group 6	7	ndusinai 8	9	Total 10
		'	2	No. of	4		0	'	O	9	10
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
6.	Unpaid December 31, prior year	5	7,163					12	1,670	17	8,83
	Incurred during current year	23	142,039					5	348	28	142,38
	Settled during current year:										
8.1	By payment in full	19	146,063							19	146,06
18.2	By payment on compromised claims .										
8.3	Totals paid		146,063							19	146,06
	Reduction by compromise										
	Amount rejected										
18.6	Total settlements	19	146,063							19	146,06
	Unpaid Dec. 31, current year (Lines		3,139					17	2.040	26	E 1E
	16 + 17 - 18.6)	9	3,139			No of		17	2,018	∠b	5,15
	DOLICY EVUIDIT					No. of Policies					
20	POLICY EXHIBIT In force December 31, prior year	205	3,424,104		(a)	rolicies	53,288,991	16	3,690	221	56,716,78
	Issued during year	135	2,405,042		(a)		55,200,891		3,090	135	2,405,04
	Other changes to in force (Net)	191	(1,003,511)				(28,905,649)	(2)	(610)		(29,909,770
	Sansi unungus to an ioroto (1401)		(1,000,011)	1			(20,000,040)	······ (2)	(010)	103	(20,000,110
	In force December 31 of current						1				

4,825,635

531

ACCIDENT AND HEALTH INSURANCE

24,383,342

..0.

	ACCIDENT	I AND HEALI	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees	67,864	67,864		(125)	(125)
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	67 864	67 864		(125)	(125)

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

persons insured under indemnity only products .



DIRECT BUSINESS IN THE STATE OF MAINE

LIFE INSURANCE

DURING THE YEAR 2009 NAIC Company Code: 67032

NAI	C Group Code: 0000				LIFE INSURA	ANCE		NA	C Company	Code:	67032
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordina	ary	2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
1. 2. 3. 4. 5.	Life Insurance Annuity considerations Deposit-type contract funds Other considerations Totals (sum of Lines 1 to 4)				XXX				XXX		
	IRECT DIVIDENDS TO POLICYHO										
	nsurance: 6.1 Paid in cash or left on deposit.										
	 6.2 Applied to pay renewal premiun 6.3 Applied to provide paid-up addirent shorten the endowment or prempaying period 	tions or nium -									
	6.4 Other										
A	6.5 Totals (sum of Lines 6.1 to 6.4)										
Annu	7.1 Paid in cash or left on deposit .7.2 Applied to provide paid-up annu	uities									
8.	7.3 Other										
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10. 11.	Matured endowments										
12.	Annuity benefits Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous	direct									
14.	claims and benefits paid	health									
	Totals										
DETA	AILS OF WRITE-INS										
1302. 1303.											
1398.	Summary of remaining write-ins for Lin										
1399.	overflow page	1398) (Line									
	13 above)				Credit Life						
	ı		Ordinary	(Grou	up and Individual)		Group		ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS AND MATURED			No. of Ind.Pols & Group		No. of Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16. 17.	Unpaid December 31, prior year Incurred during current year Settled during current year:	2								2	685
18.1	By payment in full										
18.2	By payment on compromised claims . Totals paid										
18.3	Reduction by compromise										
18.5	Amount rejected										
18.6 19.	Total settlements										
13.	16 + 17 - 18.6)	2	685							2	685
	POLICY EXHIBIT					No. of Policies	;				
20.	In force December 31, prior year		-,		(a)		-,,			4	19,860,421
21. 22. 23.	Other changes to in force (Net) In force December 31 of current		(1,000)							(1)	(7,445,020)
	year	3	2,063		(a)		12,413,338			3	12,415,401

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT	I AND HEALT	11 11400147140	' L		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

persons insured under indemnity only products ..



DIRECT BUSINESS IN THE STATE OF MARYLAND

DURING THE YEAR 2009 NAIC Company Code: 67032

... 5,930 | 3,856,130 | ... 13,512 | 211,889,569

NAI	C Group Code: 0000				LIFE INSURA	ANCE		NAI	C Company	Code:	67032
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS Life Insurance		Ordina	,	(Group and Indivi	,	Group		Industrial 41,55	:1	Total 1 036 048
!.	Annuity considerations										
	Deposit-type contract funds										
١.	Other considerations										
i.	Totals (sum of Lines 1 to 4)			1,012,683					41,55	51	1,054,234
D	IRECT DIVIDENDS TO POLICYHO	LDERS									
	nsurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premium 6.3 Applied to provide paid-up addit	าร						I			9,336
	shorten the endowment or prempaying period	nium - 									
	6.5 Totals (sum of Lines 6.1 to 6.4)			43,064							43,064
Annı	iities:										
	7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annu7.3 Other	ities									
	7.4 Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)			43,064							43,064
	DIRECT CLAIMS AND BENEFITS			001011					22.2		00-000
9. 10.	Death benefits										
10. 11.	Annuity benefits										
2.	Surrender values and withdrawals for li										
13.	Aggregate write-ins for miscellaneous	direct									
٠.	claims and benefits paid										
4.	All other benefits, except accident and	health									
15.	Totals			1,048,879					306,46	8	1,355,347
DET	AILS OF WRITE-INS										
301.											
398.	Summary of remaining write-ins for Lin										
	overflow page										
399.	Totals (Lines 1301 through 1303 plus	, ,									
	13 above)										
	1			l	Credit Life		_				
		1	Ordinary 2	(Grou	p and Individual) 4	5	Group 6	7	ndustrial 8	9	Total 10
	DIRECT DEATH BENEFITS AND MATURED	·		No. of Ind.Pols & Group	·	No. of Certi-		·	•	·	
16	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount 240 150
6. 7.	Unpaid December 31, prior year	196 97	142,892					531	97,267	727	240,159 477 378
1.	Incurred during current year Settled during current year:	97	410,618					110	66,760	207	477,378
8.1	By payment in full	120	450,589					104	70,481	224	521,070
8.2	By payment on compromised claims .										
8.3	Totals paid	120	450,589					104	70,481	224	521,070
8.4 8.5	Reduction by compromise										
o.5 8.6	Amount rejected	120	450,589					104	70,481	224	521,070
0.0 9.	Unpaid Dec. 31, current year (Lines	120						104	70,401	224	521,070
٠.	16 + 17 - 18.6)	173	102,921					537	93,546	710	196,467
			,			No. of			,0		
	POLICY EXHIBIT					Policies					
0.	In force December 31, prior year	7,828	74,131,127		(a)		142,517,096	5,444	3,918,391	13,272	220,566,614
1.	Issued during year	242	5,291,038				,,		-,,	242	5,291,038
2.	Other changes to in force (Net)	(488)	(9,930,440)				(3,975,382)	486	(62,261)	(2)	(13,968,083)
23.	In force December 31 of current	7 582	60 /01 725				138 5/1 71/	5 030	3 856 130	13 512	211 880 560
	VAOR										

... 7,582

. 69,491,725

ACCIDENT AND HEALTH INSURANCE

(a).

138,541,714

	ACCIDEN	I AND HEALI	II IIIOUIAIIO	<i>,</i> L		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)	5,072			4,799	5,222
25.6	Totals (sum of Lines 25.1 to 25.5)	5,072			4,799	5,222
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5.072			4 799	5 222

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



NAIC Company Code: 67032

10

41

(3)

1 884

50,886,694

(18,443,055)

32,443,639

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS

NAIC Group Code: 0000

18 2

18.3

18.4

18.5 18.6

19.

20

21.

22.

23.

By payment on compromised claims

Amount rejected

Unpaid Dec. 31, current year (Lines

POLICY EXHIBIT

In force December 31, prior year

Other changes to in force (Net)

In force December 31 of current

Totals paid Reduction by compromise

Total settlements

16 + 17 - 18.6).

Issued during year

Credit Life DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS (Group and Individual) Group Industrial Total 458 458 Life Insurance 2. Annuity considerations 3. 4. Deposit-type contract funds XXXOther considerations Totals (sum of Lines 1 to 4) 458 458 DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: Paid in cash or left on deposit 6.2 Applied to pay renewal premiums ... 6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period 18 Other 6.5 Totals (sum of Lines 6.1 to 6.4) Annuities: Paid in cash or left on deposit . 7.1 7.2 Applied to provide paid-up annuities 7.3 Other Totals (sum of Lines 7.1 to 7.3) 7 4 Grand Totals (Lines 6.5 plus 7.4) 8. 130 130 DIRECT CLAIMS AND BENEFITS PAID Death benefits ... Matured endowments 10. 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid ... 14. All other benefits, except accident and health 15. Totals **DETAILS OF WRITE-INS** 1301 1302. 1303 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life Ordinary (Group and Individual) Total Group No. of DIRECT DEATH BENEFITS Ind.Pols No. of AND MATURED & Group Certi-ENDOWMENTS INCURRED Certifs. Amount ficates Amount Number Number Unpaid December 31, prior year ... 888 16. 888 17. Incurred during current year Settled during current year: 18.1 By payment in full

LIFE INSURANCE

(a	a) Includes Individual Credit Life Insurance prior year \$0, current year \$0.	
`	Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$0, current year \$	0
	Loans greater than 60 months at issue BLIT NOT GREATER THAN 120 MONTHS prior year \$ 0 current year \$	Λ

1 884

82.281

(1,986)

10

41

(3)

ACCIDENT AND HEALTH INSURANCE

(a).

No. of

Policies

50.804.413

(18,441,069)

32,363,344

	ACCIDEN	I AND HEALI	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of

persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF MICHIGAN

DURING THE YEAR 2009 NAIC Company Code: 67032

	C Group Code: 0000				LIFE INSURA	NCF			C Company		
1 4/ (1)	O Oroup Code. Code		1		2	1102	3	14/41	4		5
	DIRECT PREMIUMS		0 11		Credit Life		0		1.1.021		T
1.	AND ANNUITY CONSIDERATIONS Life Insurance		Ordina		(Group and Individ	,	Group		Industrial 67.1	1.4	Total
1. 2.	Annuity considerations			10 695							
3.	Deposit-type contract funds										
	Other considerations										
5.	Totals (sum of Lines 1 to 4)			839.992							
D	IRECT DIVIDENDS TO POLICYHO			,					- ,		, , ,
	nsurance:										
	6.1 Paid in cash or left on deposit			3,343							3,343
	6.2 Applied to pay renewal premiun										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem	nium -									
	paying period							II			
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)			20,114					(1	0)	20,104
Annu	uities:										
	7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annu										
	7.3 Other							II			
	7.4 Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)			20.114					(1	0)	20.104
	DIRECT CLAIMS AND BENEFITS			-,					\	-/	-, -
	Death benefits			744.555			4.	500	91.12	23	840.178
10.	Matured endowments			14,848							
11.	Annuity benefits										
	Surrender values and withdrawals for I		s	151,055					43,85	53	194,907
13.	Aggregate write-ins for miscellaneous	direct									
	claims and benefits paid										
	All other benefits, except accident and Totals										
				910,430				300	130,03	00	1,000,004
	AILS OF WRITE-INS									_	
	Summary of remaining write-ins for Lin										
1000.	overflow page										
1399	Totals (Lines 1301 through 1303 plus										
1000.	13 above)										
	1				Credit Life			<u> </u>			
			Ordinary	(Grou	up and Individual)		Group	ı	ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year	91	100,444					640	178,864	731	279,308
17.	Incurred during current year	/5	567,064					139	110,518	214	677,581
10 1	Settled during current year:	104	577,992					122	93,607	226	674 500
18.1 18.2	By payment in full	1	577,992			1		122	93,607	220	671,599
18.3	Totals paid							122	93,607	226	671.599
18.4	Reduction by compromise	1		1							
18.5	Amount rejected	I		1							
18.6	Total settlements	104						122	93,607	226	671,599
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)	62	89,516					657	195,775	719	285,290
						No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year		52,968,090		(a)		74,360,795	12,124	7,441,544	19,871	134,770,429
	Issued during year	162								162	3,004,334
21.		(40.0)	(0 747 000)								
22.	Other changes to in force (Net)	(481)	(6,747,266)				(41,775,784)	253	(104,563)	(228)	(48,627,613)
		(481)	,		(a)		, ,	253	, ,	, ,	89,147,150

..0.

ACCIDENT AND HEALTH INSURANCE

	ACCIDEN	I AND DEALI	H INSUKAINU	· C		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)	2,484	1,945		10,595	10,595
25.2	Guaranteed renewable (b)	785	255			
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	3,353	574		1,600	1,605
25.6	Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)	6,623	2,775		12,195	12,200
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,623	2,775		12,195	

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF MINNESOTA

NAIC Group Code: 0000 LIFE INSURANCE

DURÎNG THE YEAR 2009 NAIC Company Code: 67032

, .,	o ordap odao. dodo				LII L IIIOOIV			1 1/ 1	io company	. 5555.	J. JUL
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordina	arv	2 Credit Life (Group and Individ	ual)	3 Group		4 Industrial		5 Total
1.	Life Insurance						•				(199)
2.	Annuity considerations			(199)							, ,
	Deposit-type contract funds									l l	
3.								II.	X X X		
4.	Other considerations										(400)
5.	Totals (sum of Lines 1 to 4)			(199)							(199)
D	IRECT DIVIDENDS TO POLICYHO	LDERS									
Life I	nsurance:										
	6.1 Paid in cash or left on deposit		.	6							6
	6.2 Applied to pay renewal premium		I								
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other							II			
										_	
١.	6.5 Totals (sum of Lines 6.1 to 6.4)			o							6
Annı	uities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)			6							6
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										
1											
13.	Aggregate write-ins for miscellaneous										
l								1			
14.	All other benefits, except accident and										
15.	Totals										
DETA	AILS OF WRITE-INS										
1301.											
1302.											
	Summary of remaining write-ins for Lin										
1000.	overflow page										
1300	Totals (Lines 1301 through 1303 plus										
1399.		, ,									
	13 above)	· · · · · · · · · · · · · · · · · · ·									
	1	_			Credit Life		_				
			rdinary		ip and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. c	of				
	AND MATURED			& Group		Certi	-				
L	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficate	s Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year	2	115							2	115
17.	Incurred during current year	26	10,651					1		26	10,651
	Settled during current year:		-,								
18.1	By payment in full							1			
18.2	By payment on compromised claims .	1									
18.3	Totals paid										
18.4	Reduction by compromise	I I									
	• •	1									
18.5	Amount rejected							1			
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines		40 700								40 700
	16 + 17 - 18.6)	28	10,766							28	10,766
						No. c					
	POLICY EXHIBIT					Policie	es				
20.	In force December 31, prior year	1,503	1,944,346		(a)		43,424,045			1,503	45,368,391
21.	Issued during year	I I									
22.	Other changes to in force (Net)	I I	(122,172)							(86)	(22,931,210)
23.	In force December 31 of current	(/	,,·· - /				\ _,=,===,500)			(-2)	',,,
	year	1 417	1,822,174		(a)		20,615,007	-[1,417	22,437,181
I	Jun	1,717	1,022,114		[(<i>∞)</i>	1	20,010,007	1	1	· · · · · · · · · · · · · · · · · · ·	1

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT	I AND HEALT	11 11400147140	' L		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

persons insured under indemnity only products ..



33,436,130

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

NAI	C Group Code: 0000				LIFE INSURA	ANCE		NAI	C Company	pany Code: 67032		
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5	
	AND ANNUITY CONSIDERATIONS		Ordina		(Group and Individ		Group		Industrial		Total	
1. 2.	Life Insurance										469,162	
2. 3.	Deposit-type contract funds											
4.	Other considerations											
5.	Totals (sum of Lines 1 to 4)			469,162							469,162	
	IRECT DIVIDENDS TO POLICYHO	LDERS										
Life I	nsurance:											
	6.1 Paid in cash or left on deposit									1		
	6.2 Applied to pay renewal premiun6.3 Applied to provide paid-up addit											
	shorten the endowment or prem											
	paying period											
	6.4 Other											
	6.5 Totals (sum of Lines 6.1 to 6.4)											
Annı	uities:											
	7.1 Paid in cash or left on deposit .7.2 Applied to provide paid-up annu											
	7.3 Other											
	7.4 Totals (sum of Lines 7.1 to 7.3)											
8.	Grand Totals (Lines 6.5 plus 7.4)											
	DIRECT CLAIMS AND BENEFITS	PAID										
9. 10.	Death benefits							II.		1		
10.	Annuity benefits									1		
12.	Surrender values and withdrawals for I							II.		1		
13.	Aggregate write-ins for miscellaneous	direct										
	claims and benefits paid											
	All other benefits, except accident and Totals										36 316	
	AILS OF WRITE-INS			00,010								
	ALO OF WINTE-ING											
1303.												
1398.	Summary of remaining write-ins for Lin											
1200	overflow page											
1399.	Totals (Lines 1301 through 1303 plus 13 above)											
	1				Credit Life	1						
		(Ordinary	(Grou	ıp and Individual)		Group	I	ndustrial		Total	
		1	2	3	4	5	6	7	8	9	10	
	DIDECT DEATH DEVESTO			No. of								
	DIRECT DEATH BENEFITS AND MATURED			Ind.Pols & Group		No. of Certi-						
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount	
16.	Unpaid December 31, prior year	12	22,729							12	22,729	
17.	Incurred during current year	48	253,483							48	253,483	
40.4	Settled during current year:		040.000								040.000	
18.1 18.2	By payment in full	51	240,983							51	240,983	
18.3	Totals paid		240,983							51		
18.4	Reduction by compromise											
18.5	Amount rejected											
18.6 19.	Total settlements	51	240,983							51	240,983	
13.	16 + 17 - 18.6)	9	35,229							9	35,229	
			30,220	1		No. of					00,220	
	POLICY EXHIBIT			<u> </u>		Policies						
20.	In force December 31, prior year	432			(a)		43,863,090			432	49,548,756	
21.	Issued during year	371	5,133,942				(04.474.740)			371	5,133,942	
22. 23.	Other changes to in force (Net) In force December 31 of current	808	228,181				(21,474,749)			808	(21,246,568)	
۷٠.	"" TOLOG DOCCHING! O'L OI CHILGHI	l	l		l.,	1	1	1		1	l	

.... 1,611

..0.

. 11,047,789 .

ACCIDENT AND HEALTH INSURANCE

(a)..

	ACCIDEN	I AND DEALI	I INSURANC	, ⊏		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF MISSOURI

NAIC Group Code: 0000 LIFE INSURANCE

DURÎNG THE YEAR 2009 NAIC Company Code: 67032

NAIC Group Code: 0000				LIFE INSURA	NCE		NAI	C Company	pany Code: 67032		
DIRECT PREMIUMS		1		2 Credit Life		3		4		5	
AND ANNUITY CONSIDERATIONS		Ordina		(Group and Individ	,	Group		Industrial		Total	
. Life Insurance			,				l l			1,47	
Annuity considerations Deposit-type contract funds											
Deposit-type contract funds Other considerations											
. Totals (sum of Lines 1 to 4)			1,475								
DIRECT DIVIDENDS TO POLICYHO											
ife Insurance:											
6.1 Paid in cash or left on deposit.			575							57	
6.2 Applied to pay renewal premiur											
6.3 Applied to provide paid-up add											
shorten the endowment or prer paying period			52							F	
6.4 Other							1		I		
6.5 Totals (sum of Lines 6.1 to 6.4)	· · · · · · · · · · · · · · · · · · ·		627								
Annuities:			02.								
7.1 Paid in cash or left on deposit.											
7.2 Applied to provide paid-up ann											
7.3 Other											
7.4 Totals (sum of Lines 7.1 to 7.3)											
3. Grand Totals (Lines 6.5 plus 7.4)			627							62	
DIRECT CLAIMS AND BENEFITS Death benefits											
0. Matured endowments									I		
Annuity benefits									I		
2. Surrender values and withdrawals for	life contracts	s	5,007							5,00	
13. Aggregate write-ins for miscellaneous	direct										
claims and benefits paid							1				
14. All other benefits, except accident and											
15. Totals			5,007							5,007	
DETAILS OF WRITE-INS				_							
1301											
1302											
1303											
overflow page											
1399. Totals (Lines 1301 through 1303 plus											
13 above)	, ,										
1				Credit Life							
		Ordinary	,	p and Individual)		Group		ndustrial		Total	
	1	2	3	4	5	6	7	8	9	10	
DIDECT DE ATH DENESTES			No. of		NIf						
DIRECT DEATH BENEFITS AND MATURED			Ind.Pols & Group		No. of Certi-						
ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount	
6. Unpaid December 31, prior year		483							4	483	
7. Incurred during current year	1								468	39,785	
Settled during current year:											
18.1 By payment in full											
8.2 By payment on compromised claims											
8.3 Totals paid	1										
8.5 Amount rejected	1										
8.6 Total settlements											
9. Unpaid Dec. 31, current year (Lines											
16 + 17 - 18.6)	472	40,268							472	40,26	
·					No. of						
POLICY EXHIBIT					Policies						
0. In force December 31, prior year		2,159,771		(a)		72,543,151			4,841	74,702,92	
1. Issued during year											
22. Other changes to in force (Net)	(207)	(88,480)				(29,318,136)			(207)	(29,406,616	
23. In force December 31 of current vear	4,634	2.074.204		(a)		12 225 045			4,634	4E 206 20	
	1 4 . 0 3 4	2,071,291		(a)		43,225,015			4,034	45,296,30	

	ACCIDENT	I AND HEALI	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5	5			
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)		5			
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15	l 5			

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF MONTANA

NAIC Group Code: 0000 LIFE INSURANCE

DURÎNG THE YEAR 2009 NAIC Company Code: 67032

1 47 11	o croup couc. cooc				LII L IIIOOIV			, .,	io company	Oudo.	0.002
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS		Ordina	ary	(Group and Individ	ual)	Group		Industrial		Total
1.	Life Insurance										
2.	Annuity considerations									l l	
3.	Deposit-type contract funds										
4. 5.	Other considerations										
	IRECT DIVIDENDS TO POLICYHO										
1	NSURANCE:	LDEKS									
Lile	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premiun										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)										
Annu	iities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 Totals (sum of Lines 7.1 to 7.3)										
	Grand Totals (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
	Death benefits										
	Annuity benefits										
12.	Surrender values and withdrawals for I										
	Aggregate write-ins for miscellaneous										
14.	All other benefits, except accident and										
15.	Totals										
DETA	AILS OF WRITE-INS										
1301.											
1302.											
1303.											
1398.	Summary of remaining write-ins for Lin	e 13 from									
	overflow page										
1399.	Totals (Lines 1301 through 1303 plus	, ,									
	13 above)				Cradial life	· · · · · · · ·		····· ······		· · · · · · · · · · · · · · · · · · ·	
	ı	,	Ordinary	(Grou	Credit Life up and Individual)		Group		Industrial		Total
		1	2	3	4	5	Group 6	7	8	9	10tai
		'	2	No. of	7			· '			10
	DIRECT DEATH BENEFITS			Ind.Pols		No. of	:				
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year	1	39							1	39
17.	Incurred during current year	1	75							1	75
1,0,4	Settled during current year:										
18.1	By payment in full	1									
18.2	By payment on compromised claims .										
18.3 18.4	Totals paid										
18.5	Amount rejected										
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)	2	114							2	
	,					No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year	6	6,778		(a)		19,541,595			6	19,548,373
21.	Issued during year										
22.	Other changes to in force (Net)	(1)	(1,000)				(7,349,924)			(1)	(7,350,924)
23.	In force December 31 of current										,
	year	5	5,778		(a)		12,191,671			5	12,197,449

	ACCIDENT	AND DEALI	H INSURANC	· C		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	()ther Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NEBRASKA

NAIC Group Code: 0000 LIFE INSURANCE

DURÎNG THE YEAR 2009 NAIC Company Code: 67032

1 1/ 11	o oloup oodo. oooo		_		LII L IIIOOIO			1 1/ 1/	o company	Quu.	0,002
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS		Ordina	ary	(Group and Individ	ual)	Group		Industrial		Total
1.	Life Insurance										
2.	Annuity considerations										
3.	Deposit-type contract funds								X X X		
4.	Other considerations										
5.											
	Totals (sum of Lines 1 to 4)										
D	IRECT DIVIDENDS TO POLICYHO	DLDERS									
Life I	nsurance:										
	6.1 Paid in cash or left on deposit.										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up additional from the first of the first										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)										
Annı	,										
Annu											
	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu	uties									
	7.3 Other										
	7.4 Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
1											
111.	Annuity benefits										
12.	Surrender values and withdrawals for I		§ .								
13.	Aggregate write-ins for miscellaneous										
	claims and benefits paid										
14.	All other benefits, except accident and	health									
15.	Totals										
	AILS OF WRITE-INS										
					1						
1301.											
1302.											
1398.	Summary of remaining write-ins for Lin	ne 13 from									
	overflow page										
1399	Totals (Lines 1301 through 1303 plus										
1000.	13 above)										
	10 above)	· · · · · · · · · · · · · · · · · · ·		T	-						
	1	l .			Credit Life		_				
			Ordinary	,	up and Individual)		Group	-	Industrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year	Hamboi	711100110	Oortiio.	7 tillount	Houtoo	7 unount	Hamboi	7 tillount	Tturribor	7 unount
			404								
17.	Incurred during current year	1	491							1	491
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	Totals paid										
18.4	Reduction by compromise										
18.5	Amount rejected				l	l	1	l	l	l	l
18.6	Total settlements						1				
1											
19.	Unpaid Dec. 31, current year (Lines	ار ا	404							,	404
	16 + 17 - 18.6)	1	491								491
						No. of					
L	POLICY EXHIBIT	<u> </u>				Policies	<u> </u>	<u>L</u>			
20.	In force December 31, prior year	1	654		(a)		22,998,573			1	22,999,227
21.	Issued during year	[l	[l		l	1		l
22.	Other changes to in force (Net)						(11,250,236)				(11,250,236)
22.	In force December 31 of current						(*1,200,200)				(11,200,200)

.... 654

ACCIDENT AND HEALTH INSURANCE

11,748,337

	ACCIDEN	I AND HEALI	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NEVADA

LIFE INSURANCE

DURÎNG THE YEAR 2009 NAIC Company Code: 67032

NAI	C Group Code: 0000									NAIC Company Code: 67032			
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin		2 Credit Life (Group and Individ	ual)	3 Group		4 Industrial		5 Total		
1. 2. 3. 4. 5.	Life Insurance Annuity considerations Deposit-type contract funds Other considerations Totals (sum of Lines 1 to 4)				XXX				XXX		79		
_	IRECT DIVIDENDS TO POLICYHO												
Life I	nsurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiun 6.3 Applied to provide paid-up addit shorten the endowment or prem	ns tions or											
	paying period										24		
	6.4 Other										24		
Annı	7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annu 7.3 Other	iities											
8.	Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS			24							24		
9. 10. 11. 12.	Death benefits	ife contracts											
14.	claims and benefits paid												
15.	Totals												
1301. 1302. 1303. 1398.		e 13 from											
1399.	13 above)	, ,											
	1		Ordinary	(Grou	Credit Life up and Individual)		Group	,	Industrial		Total		
		1	2	3 No. of	4	5	6	7	8	9	10		
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates		Number	Amount	Number	Amount		
16. 17.	Unpaid December 31, prior year Incurred during current year Settled during current year:												
18.1 18.2 18.3 18.4	By payment in full By payment on compromised claims Totals paid Reduction by compromise												
18.5 18.6 19.	Amount rejected												
	POLICY EXHIBIT					No. of Policies							
20. 21. 22.	In force December 31, prior year		163,377		(a)	······	24,171,822			42	24,335,199 (11,646,318)		
23.	In force December 31 of current year	, ,	, , , , , , , , , , , , , , , , , , ,		(a)		' ' ' '			` '	12,688,881		

	ACCIDEN	I AND HEALI	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032 Credit Life DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS Ordinary (Group and Individual) Group Industrial Total 118 Life Insurance 118 2. Annuity considerations 3. 4. Deposit-type contract funds XXXOther considerations . Totals (sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: Paid in cash or left on deposit 6.2 Applied to pay renewal premiums ... 6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period Other 6.5 Totals (sum of Lines 6.1 to 6.4) ... **Annuities:** Paid in cash or left on deposit . 7.1 7.2 Applied to provide paid-up annuities 7.3 Other Totals (sum of Lines 7.1 to 7.3) 7 4 Grand Totals (Lines 6.5 plus 7.4) 8. 37 DIRECT CLAIMS AND BENEFITS PAID Death benefits ... 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid ... 14. All other benefits, except accident and health 15. Totals ... **DETAILS OF WRITE-INS** 1301 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life Ordinary (Group and Individual) Total Group 10 No. of DIRECT DEATH RENEETS Ind.Pols No. of AND MATURED & Group Certi-ENDOWMENTS INCURRED Number Certifs Amount ficates Number Number Amount

16.	Unpaid December 31, prior year			 			 		
17.	Unpaid December 31, prior year Incurred during current year	2		 			 	2	111
	Settled during current year:								
18.1	By payment in full			 			 		
18.2	By payment on compromised claims .			 			 		
18.3	Totals paid			 			 		
18.4	Reduction by compromise			 			 		
18.5	Amount rejected			 			 		
18.6	Total settlements			 			 		
19.	Unpaid Dec. 31, current year (Lines								
	16 + 17 - 18.6)	2	111	 			 	2	111
					No. of				
	POLICY EXHIBIT				Policies				
20.	In force December 31, prior year	8	9,677	 (a)		12,553,923	 	8	12,563,600
21.	Issued during year			 			 		
22.	Other changes to in force (Net)			 		(7,233,921)	 		(7,233,921)
23.	In force December 31 of current								

(a) Includes Individual Credit Life Insurance prior year \$.............0, current year \$...........0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$....
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.... ..0, current year \$. ..0. .0, current year \$...

.... 9,677

ACCIDENT AND HEALTH INSURANCE

5,320,002

. . 5,329,679

(a).

	ACCIDEN	I AND DEALI	I INSURANC	· C		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of

persons insured under indemnity only products



DIRECT BUSINESS IN THE STATE OF NEW JERSEY

DURING THE YEAR 2009 NAIC Company Code: 67032

INAI	C Group Code: 0000				LIFE INSUR	1110E	^	INAI	C Company	Coue: (01032
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordina	an/	2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
	Life Insurance									6	494.128
	Annuity considerations			2,326							
	Deposit-type contract funds										
	Other considerations										400.45
	Totals (sum of Lines 1 to 4)			493,418					3,03	66	496,45
	RECT DIVIDENDS TO POLICYHOnsurance:	ILDEK9									
	6.1 Paid in cash or left on deposit			8.696							8.69
	6.2 Applied to pay renewal premium	ns								I	
	6.3 Applied to provide paid-up addit shorten the endowment or prem paying period	nium -									18,39
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)			27,095							27,09
	ities: 7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu 7.3 Other	iities									
	$7.4 \qquad \text{Totals (sum of Lines 7.1 to 7.3)}$										
	Grand Totals (Lines 6.5 plus 7.4)			27,095							27,09
	DIRECT CLAIMS AND BENEFITS Death benefits			154 700					0.43	.,	457 47
	Matured endowments										
	Annuity benefits										
	Surrender values and withdrawals for li		s	102,166					1,66	57	103,83
3.	Aggregate write-ins for miscellaneous	direct									
	claims and benefits paid										
	Totals										
	ILS OF WRITE-INS			200,012	1				.,,,,		
	Summary of remaining write-ins for Lin										
	overflow page										
	13 above)										
	1				Credit Life	T .					
		(Ordinary	,	p and Individual)		Group		ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS			No. of Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
6.	Unpaid December 31, prior year	54	101,165					35	6,807	89	107,97
7.	Incurred during current year	25	256,256					(3)	3,372	22	259,62
Ω 1	Settled during current year: By payment in full	50	309,153					3	2,472	53	311,62
8.1 8.2	By payment on compromised claims .	50	309, 153			1		s	2,472		
8.3	Totals paid	50	309,153					3	2,472	53	
8.4	Reduction by compromise										
8.5 o c	Amount rejected	50							0.470		244.00
8.6 9.	Total settlements	50	309,153					3	2,472	53	311,62
٠.	16 + 17 - 18.6)	29	48,268					29	7,707	58	55,97
	,		-,			No. of			,		,-
	POLICY EXHIBIT					Policies					
0.	In force December 31, prior year	3,664	37,106,023		(a)		59,963,799	419	394,455	4,083	97,464,27
1. 2	Other changes to in force (Net)	(185)	5,367,413 (6,317,197)				(24,718,787)	(12)	(16,908)	219	5,367,41
.2. .3.	In force December 31 of current	(103)	(0,317,187)				(24,/10,/0/)	(12)	(10,900)	(181)	(31,052,892
٠٠.	War	3 608	36 156 230			1	35 245 012	407	377 5/17	1 105	71 778 708

... 3,698

. 36,156,239

ACCIDENT AND HEALTH INSURANCE

35,245,012

	ACCIDENT	I AND HEALI	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	2,871			1,405	1,405
25.6	Totals (sum of Lines 25.1 to 25.5)	2,871			1,405	1,405
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

persons insured under indemnity only products .



DURÎNG THE YEAR 2009 DIRECT BUSINESS IN THE STATE OF NEW MEXICO NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

MAIN CONTINUE OF	1 1/ 1/	o ordap oddo. dddd				EII E IIIOOIV			1 1/ 1	io company	Oudo.	01002
1. Life Insurance				1				3		4		5
2. A manufaction of the control of t					ary	(Group and Individ	ual)	Group		Industrial		Total
DIRECT DURINGS TO POLICYHOLDERS	2. 3.	Annuity considerations Deposit-type contract funds				XXX				X X X		
DIRECT DIVIDENDS TO POLICYHOLDERS												
Life Insurance:												
6.2 Applied to provide paid-up additions or shorten the endowment or premium Service Service	1		OLDERS									
6.2 Applied to proving period updations or shorten the endowment or premium – paying period — — — — — — — — — — — — — — — — — — —	Life I	nsurance:										
6.2 Applied to proving period updations or shorten the endowment or premium – paying period — — — — — — — — — — — — — — — — — — —		6.1 Paid in cash or left on deposit.										
6.3 Applies to provide paid-up additions or shorten the endowment or premium paying period												
6.6.7 Totals (sum of Lines 5.1 to 6.4) Annutities: 7.1 Padial neash or left on deposit 7.2 Applied to provide pack-up annutiles 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.7 to 10.7.3) 9. Death benefits 10. Maturade endowments 11. Annuty hendris 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct 14. All other benefits, except accident and health 15. Totals DETAILS OF WRITE-INS 101 102 1038. Summary of remaining write-ins for Line 13 from overflow page 1039. Totals (Lines 130th through 1303 plus 1398) (Line 13 above) 15. Totals DIRECT DEATH ENIEFT'S AND MATURED ENDOWARMS INCURRED Number Settled during current year: 16. Unpaid December 31, prior year 17. Lincured during current year: 18. 18 py symment on compromised claims 18.1 8 py symment on compromised claims 18.2 By py symment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejiected 18.6 Total settlements 18.7 Totals spaid 18.7 Totals spaid 18.8 Totals settlements 18.9 Lines (Lines 2.2) 111 115 Settled during current year: 18.1 By pysyment on compromised claims 18.3 Totals spaid 18.4 Reduction by compromise 18.5 Amount rejiected 18.6 Total settlements 18.7 Unpaid December 31, prior year 19. Unpaid December 31, prior year 10. 10. 8,039 (a) 9. 10. 36,684,229 10. 0. 36,684,229 10. Inforce December 31, prior year 10. 10. 36,682,288 10. Settled during year 10. Inforce December 31, prior year 10. 10. 36,682,288 10. Settled during year 10. Inforce December 31, prior year 10. 10. 36,682,288 10. Settled during year 10. 10. 36,682,288 10. Settled during year 10. 10. 36,682,288 10.		6.3 Applied to provide paid-up addit	tions or									
Annutries:		6.4 Other										
7.2 Apid in cash or left on deposit 7.2 Apid to provide paid up narrulises 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3)		6.5 Totals (sum of Lines 6.1 to 6.4)										
7.2 Applied to provide paid-up annuties 7.3 Other 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3)	Annu	ıities:										
7.3 Other												
Section Common												
DIRECT CLAIMS AND BENEFITS PAID Set												
Section Sect		Grand Totals (Lines 6.5 plus 7.4)										
10. Matured endowments												
11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and bealth 15. Totals 1	1											
12 Surrender values and withdrawals for life contracts claims and benefits paid benefits and benefits paid claims and	1											
Claims and benefits paid	12.	Surrender values and withdrawals for I	life contracts	s								
14. All other benefits, except accident and health	13.											
Totals	1,1											
Totals												
1302									'			
1303 Summary of remaining write-ins for Line 13 from overflow page												
1398. Summary of remaining write-ins for Line 13 from overflow page												
20 1 20 1 20 20 20 20												
Total Tota		overflow page										
Total Part	1399.											
1		1										
DIRECT DEATH BENEFITS			(Ordinary	(Gro	up and Individual)		Group		Industrial		Total
DIRECT DEATH BENEFITS			1	2	3	4	5	6	7	8	9	10
AND MATURED ENDOWMENTS INCURRED Number Amount Certifs Amount ficates Amount Number Nu					No. of							
AND MATURED ENDOWMENTS INCURRED Number Amount Certifs Amount ficates Amount Number Nu		DIRECT DEATH BENEFITS			Ind.Pols		No. of					
ENDOWMENTS INCURRED Number Amount Certifs Amount ficates Amount Number Numb		AND MATURED			& Group		Certi-					
16. Unpaid December 31, prior year		ENDOWMENTS INCURRED	Number	Amount		Amount	ficates	Amount	Number	Amount	Number	Amount
17. Incurred during current year	16											
Settled during current year:	1		2	111							2	111
18.2 By payment on compromised claims	'''		2								2	
18.3 Totals paid	1											
18.4 Reduction by compromise	1				1			1				
18.5 Amount rejected	1	·	1									
18.6 Total settlements	1							1				
The content of the	1	Total settlements			1			1				
No. of Policies Po	19.											
POLICY EXHIBIT Policies Policies 90 20. In force December 31, prior year 10 8,039 (a) 36,684,229 10 10 36,692,268 21. Issued during year 21. Other changes to in force (Net) 22. Other changes to in force (Net) (6,980,885) (6,980,885) (6,980,885)		10 + 17 - 18.6)	12	111							2	111
20. In force December 31, prior year 10 8,039 (a) 36,684,229 10 36,692,268 21. Issued during year 22. Other changes to in force (Net) (a) (a) (a) 36,684,229 10 36,692,268 30. (6,980,885) (6,980,885) (6,980,885) (6,980,885)		POLICY EXHIBIT										
21. Issued during year	20		10	8 039	 	(a))		10	36 692 268
	21.					` '						
	22.	Other changes to in force (Net)						. (6,980,885)			(6,980,885)

..... 8,039

10

ACCIDENT AND HEALTH INSURANCE

29,703,344

..0.

(a)..

	ACCIDENT	HIND HEALT	H INSURANC	· C		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NEW YORK

DURÎNG THE YEAR 2009 NAIC Company Code: 67032

NAI(C Group Code: 0000				LIFE INSURA	NCE		NAI	C Company	/ Code:	67032
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS		Ordina		(Group and Individ	ual)	Group		Industrial		Total
	Life Insurance			7,053							7,05
	Annuity considerations										
	Deposit-type contract funds								X X X		
ļ. -	Other considerations										7.05
	Totals (sum of Lines 1 to 4)			1,053							
	RECT DIVIDENDS TO POLICYHO	ILDERS									
	nsurance: 6.1 Paid in cash or left on deposit			747							7.4
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem	nium -									
	paying period			691							69
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)			1,438							1,43
Annu	ities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 Totals (sum of Lines 7.1 to 7.3)			4 420							4.42
3.	Grand Totals (Lines 6.5 plus 7.4)	DAID		1,430							1,438
	DIRECT CLAIMS AND BENEFITS			27 640							37.618
	Death benefits										5.00
	Annuity benefits			-,							
12.	Surrender values and withdrawals for li	ife contracts	5	1,370						I	
13.	Aggregate write-ins for miscellaneous	direct									
	claims and benefits paid										
	All other benefits, except accident and									1	
	Totals			43,988							43,988
DETA	AILS OF WRITE-INS										
	0										
	Summary of remaining write-ins for Lin overflow page										
	Totals (Lines 1301 through 1303 plus 1										
1333.	13 above)										
	1				Credit Life						
	·	I		1	up and Individual)		Group	ı	ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-				l	
10	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16. 17.	Unpaid December 31, prior year	82 17	29,325 25,416							82	29,325
17.	Incurred during current year Settled during current year:	17	23,410							17	25,410
18.1	By payment in full	9	18,043							9	18,043
18.2	By payment on compromised claims .										
18.3	Totals paid	9	18,043								18,043
8.4	Reduction by compromise										
8.5	Amount rejected										
8.6	Total settlements	9	18,043							9	18,04
9.	Unpaid Dec. 31, current year (Lines		20,000							00	20.00
	16 + 17 - 18.6)	90	36,698			Nf				90	36,69
	DOLICY EVUIDIT					No. of					
20.	POLICY EXHIBIT In force December 31, prior year	424	944,246		(2)	Policies	141,128,155			424	142,072,40
20. 21.	Issued during year	424	944,246		(a)		141,120,133			424	142,012,40
22.	Other changes to in force (Net)		(29,400)				(62,436,461)			(26)	(62,465,861
23.	In force December 31 of current	(/	(==, : ==)				(= ,:==,:=:)				(= ,:::,:00.

..... 398

. 914,846 .

ACCIDENT AND HEALTH INSURANCE

(a).

78,691,694

	ACCIDEN	I AND HEALT	II IIIOUIAIIO	' L		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)	178				
25.6	Totals (sum of Lines 25.1 to 25.5)	178				
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	178				

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



. 69,314,882 | . 113,135 | 45,647,580 | . 134,158

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

NAI	C Group Code: 0000				LIFE INSURA	NCE		NAI	C Company	NAIC Company Code: 67032			
	DIDECT DDEMUMO		1		2		3		4		5		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		Ordina	an/	Credit Life (Group and Individ	ual)	Group		Industrial		Total		
	Life Insurance							496		29			
	Annuity considerations												
	Deposit-type contract funds												
	Other considerations												
	Totals (sum of Lines 1 to 4)			4,163,804			274,	496	104,82	29	4,543,12		
D	IRECT DIVIDENDS TO POLICYHO	LDERS											
ife I	nsurance:												
	6.1 Paid in cash or left on deposit .												
	6.2 Applied to pay renewal premium												
	6.3 Applied to provide paid-up addit shorten the endowment or prem												
	paying period	iluiii -		99 983					(3	3)	99 94		
	6.4 Other							II	,	' I			
	6.5 Totals (sum of Lines 6.1 to 6.4)			138,748					(3	3)	138,71		
nnu	rities:								,				
	7.1 Paid in cash or left on deposit												
	7.2 Applied to provide paid-up annu												
	7.3 Other												
	7.4 Totals (sum of Lines 7.1 to 7.3)												
	Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS	DAID		130,740					(3	3)	130,71		
	Death benefits	PAID		1 670 813			810	553	203.5/	14	2 77/ 01		
).	Matured endowments												
.	Annuity benefits							II					
2.	Surrender values and withdrawals for I	ife contracts	s	608,464					147,99	91	756,45		
3.	Aggregate write-ins for miscellaneous	direct											
	claims and benefits paid												
4. 5.	All other benefits, except accident and Totals												
ET/	AILS OF WRITE-INS												
302.													
398.	Summary of remaining write-ins for Lin												
000	overflow page												
399.	Totals (Lines 1301 through 1303 plus 13 above)												
	15 above)				Credit Life				• • • • • • • • • • • • • • • • • • • •				
	'	١ .	Ordinary	1	p and Individual)		Group		ndustrial		Total		
		1	2	3	4	5	6	7	8	9	10		
				No. of									
	DIRECT DEATH BENEFITS			Ind.Pols		No. of							
	AND MATURED			& Group		Certi-					_		
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount		
). •	Unpaid December 31, prior year	763	255,214			11		18,248	1,498,357	19,022	1,940,82		
	Incurred during current year Settled during current year:	385	1,788,373			21	246,500	1,756	460,547	2,162	2,495,42		
3.1	By payment in full	385	1,763,243			21	293,900	476	326,060	882	2,383,20		
3.2	By payment on compromised claims .		1,700,240				255,500				2,000,20		
3.3	Totals paid	385	1,763,243			21		476	326,060	882	2,383,20		
3.4	Reduction by compromise												
3.5	Amount rejected												
3.6	Total settlements	385	1,763,243			21	293,900	476	326,060	882	2,383,20		
	Unpaid Dec. 31, current year (Lines	700	200.011			ļ	100.0=0	40 500	4 000 0 * *	00.000	0.050.00		
	16 + 17 - 18.6)	763	280,344			11	139,850	19,528	1,632,844	20,302	2,053,03		
	DOLLOV EVUIDIT					No. of							
١	POLICY EXHIBIT	25,579	262,346,031		(2)	Policies 5	249,996,630	. 110,423	35,121,681	. 136,007	547,464,34		
).	In force December 31, prior year Issued during year	1,272	19,909,069		(a)	5	402,000	1 10,423	35, 121,081	136,007	20,311,06		
1. 2.	Other changes to in force (Net)	(5,831)				(2)		2,712	10,525,899	(3,121)	(202,797,606		
3.	In force December 31 of current	(2,001)	(==,200,: 51)			(=)	(121,300,170)	,	,020,000	. (-, .= 1)	(===,: 5: ,500		
	vear	21 020	250 015 343		(a)	3	69 314 882	113 135	45 647 580	134 158	364 977 804		

.. 21,020 ... 250,015,343

ACCIDENT AND HEALTH INSURANCE

(a).

	ACCIDENT	I AND HEALI	H INSURANC	·⊏		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)	827,932	784,326		643,648	724,192
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only	22,099	17,517		15,483	15,483
25.3	Non-renewable for stated reasons only (b)		(18)			
25.4	Other accident only					
25.5	All other (b) Totals (sum of Lines 25.1 to 25.5)	105,883	(18)		120,010	118,349
25.6	Totals (sum of Lines 25.1 to 25.5)	127,982	17,481		135,493	133,832
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	955,915	801,807		779,140	858,024

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA

LIFE INSURANCE NAIC Group Code: 0000 NAIC Company Code: 67032 Credit Life DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS Ordinary Group (Group and Individual) Industrial Total Life Insurance 2. Annuity considerations 3. Deposit-type contract funds XXXOther considerations Totals (sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: Paid in cash or left on deposit 6.2 Applied to pay renewal premiums ... 6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period Other 6.5 Totals (sum of Lines 6.1 to 6.4) Annuities: Paid in cash or left on deposit . 7.1 7.2 Applied to provide paid-up annuities 7.3 Other Totals (sum of Lines 7.1 to 7.3) 7 4 Grand Totals (Lines 6.5 plus 7.4) 8. DIRECT CLAIMS AND BENEFITS PAID Death benefits ... 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid ... 14. All other benefits, except accident and health Totals ... 15. **DETAILS OF WRITE-INS** 1301 1302. 1303 1398. Summary of remaining write-ins for Line 13 from overflow page ... 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life Ordinary (Group and Individual) Total Group No. of DIRECT DEATH BENEFITS Ind.Pols No. of AND MATURED & Group Certi-ENDOWMENTS INCURRED Certifs. Number Amount Amount ficates Amount Number Number Unpaid December 31, prior year 16 ... 1.049 1.049 17. Incurred during current year Settled during current year: 18.1 By payment in full 18 2 By payment on compromised claims 18.3 Totals paid Reduction by compromise 18.4 Amount rejected 18.5 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 1 049 16 + 17 - 18.6). 1 049 No. of

(a) Includes Individual Credit Life Insurance prior year \$.................0, current year \$.............0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$....
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$..... ..0. current year \$. ..0 .0, current year \$...

16,293

(6,000)

10,293

18

(3)

ACCIDENT AND HEALTH INSURANCE

(a).

Policies

11.902.763

(4,366,094)

18

(3)

11,919,056

(4,372,094)

7,546,962

	ACCIDEN	I AND HEALT	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of

persons insured under indemnity only products

POLICY EXHIBIT

Issued during year . Other changes to in force (Net)

year

In force December 31, prior year ...

In force December 31 of current

20.

21.

22.

23.



DIRECT BUSINESS IN THE STATE OF OHIO

DURING THE YEAR 2009

				LIFE INSURA	NCE		NAI	C Company	Code:	67032
DIRECT PREMIUMS		1		2 Credit Life		3		4		5
AND ANNUITY CONSIDERATIONS 1. Life Insurance		Ordina		(Group and Individ		Group 11	550	Industrial		Total 27,754
2. Annuity considerations		I								
Deposit-type contract funds								X X X		
4. Other considerations							I			
5. Totals (sum of Lines 1 to 4)			26,204				550			27,754
DIRECT DIVIDENDS TO POLICYHO	LDERS									
Life Insurance:										
6.1 Paid in cash or left on deposit.							I		I	753
6.2 Applied to pay renewal premiun6.3 Applied to provide paid-up addirectionshorten the endowment or prem	tions or									
paying period			687				l l			687
6.5 Totals (sum of Lines 6.1 to 6.4)			1,440							
Annuities:										
7.1 Paid in cash or left on deposit.										
7.2 Applied to provide paid-up annu										
7.3 Other										
7.4 Totals (sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4)			1 440							
DIRECT CLAIMS AND BENEFITS	DAID		1,440							1,440
9. Death benefits			6.038							6,038
10. Matured endowments									I	5.911
11. Annuity benefits		I	- , -							
12. Surrender values and withdrawals for I	ife contracts	3	15,781							15,781
13. Aggregate write-ins for miscellaneous	direct									
claims and benefits paid										
 All other benefits, except accident and Totals 										
			21,130							27,730
DETAILS OF WRITE-INS										
				1						
1301										
1302.										
1302. 1303.										
1302. 1303. 1398. Summary of remaining write-ins for Lin	ie 13 from									
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page	ne 13 from 1398) (Line									
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page	ne 13 from 1398) (Line									
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page	1398) (Line									
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page	1398) (Line			Credit Life						
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page	1398) (Line	Ordinary	(Grot	Credit Life		Group		ndustrial		Total
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page	1398) (Line	Ordinary	(Grou	Credit Life	5 No. of	Group		ndustrial		Total
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page	1398) (Line	Ordinary 2	(Grou 3 No. of Ind.Pols & Group	Credit Life up and Individual) 4	5 No. of Certi-	Group 6	7	ndustrial 8	9	Total 10
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page	1398) (Line	Ordinary 2 Amount	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	5 No. of Certi- ficates	Group 6	To Number	ndustrial 8	9 Number	Total 10
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page	1398) (Line	Ordinary 2	(Grou 3 No. of Ind.Pols & Group	Credit Life up and Individual) 4	5 No. of Certi-	Group 6	7	ndustrial 8	9	Total 10
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page 1399. Totals (Lines 1301 through 1303 plus 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1398) (Line	Ordinary 2 Amount 6,817 49,865	(Group Group Certifs.	Credit Life up and Individual) 4 Amount	5 No. of Certi- ficates	Group 6 Amount	7 Number 38	ndustrial 8 Amount 2,289	9 Number 68	Total 10 Amount9,106
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page 1399. Totals (Lines 1301 through 1303 plus 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year Incurred during current year Settled during current year:	1398) (Line 1 Number	Ordinary 2 Amount 6,817	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	5 No. of Certificates	Group 6 Amount	Number 38 (2)	ndustrial 8 Amount 2,289(150)	9 Number687	Total 10 Amount 9,106
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page 1399. Totals (Lines 1301 through 1303 plus 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full	1398) (Line 1 Number	Amount	(Grot 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	5 No. of Certificates	Group 6 Amount	Number 38 (2)	Amount	9 Number68710	Total 10 Amount9,10649,71536,376
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page 1399. Totals (Lines 1301 through 1303 plus 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1398) (Line 1 Number	Amount 6,817	(Grot 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	5 No. of Certificates	Group 6 Amount	Number 38 (2)	Amount	9 Number68710	Total 10 Amount9,10649,71536,376
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page 1399. Totals (Lines 1301 through 1303 plus 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	1398) (Line 1 Number 30	Amount 6,817 49,865 36,376 36,376	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	5 No. of Certi- ficates	Group 6 Amount	Number 38 (2)	Amount	9 Number 68	Total 10 Amount 9,106 49,715 36,376
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page 1399. Totals (Lines 1301 through 1303 plus 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year Incurred during current year: Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements	1398) (Line 1 Number 30	Amount 6,817 49,865	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	5 No. of Certificates	Group 6 Amount	Number 38 (2)	Amount	9 Number	Total 10 Amount
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page 1399. Totals (Lines 1301 through 1303 plus 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 10. 11. Unpaid December 31, prior year 11. Incurred during current year 12. Settled during current year: 13. By payment in full 14.2 By payment on compromised claims 15. Totals paid 16.4 Reduction by compromise 17. Amount rejected 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines	Number	Amount 6,817 49,865 36,376 36,376	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	5 No. of Certificates	Group 6 Amount	7 Number38(2)	Amount 2,289 (150)	9 Number	Total 10 Amount
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page 1399. Totals (Lines 1301 through 1303 plus 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year Incurred during current year: Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements	Number	Amount 6,817 49,865 36,376 36,376	(Group 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	5 No. of Certificates	Group 6 Amount	Number 38 (2)	Amount 2,289 (150)	9 Number 6871010	Total 10 Amount 9,106 49,715
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page 1399. Totals (Lines 1301 through 1303 plus 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	Number	Amount 6,817 49,865 36,376 36,376	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	No. of	Group 6 Amount	7 Number38(2)	Amount 2,289 (150)	9 Number	Total 10 Amount 9,106 49,715 36,376 36,376
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page 1399. Totals (Lines 1301 through 1303 plus 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year	Number	Amount 2 Amount 49,865	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	No. of Policies	Group 6 Amount	Number	Amount 2,289 (150)	9 Number	Total 10 Amount
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page 1399. Totals (Lines 1301 through 1303 plus 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year Incurred during current year: Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT 20. In force December 31, prior year	1398) (Line 1 Number 30	Amount	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	No. of	Group 6 Amount	7 Number38(2)	Amount 2,289 (150)	9 Number	Total 10 Amount 9,106 49,715 36,376 36,376 22,445
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page 1399. Totals (Lines 1301 through 1303 plus 13 above) DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment in full 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	Number 30	Amount 2 Amount 49,865	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	No. of Policies	Group 6 Amount	Number	Amount 2,289 (150)	9 Number687101065	Total 10 Amount 9,106 49,715
1302. 1303. 1398. Summary of remaining write-ins for Lin overflow page 1399. Totals (Lines 1301 through 1303 plus 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year 17. Incurred during current year: 18.1 By payment in full 18.2 By payment in full 18.2 By payment on compromised claims 16.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT 20. In force December 31, prior year 1ssued during year	Number 30	Amount 6,817 49,865 36,376 36,376 20,306 20,648	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount (a)	No. of Policies	Group 6 Amount	Number	Amount 2,289 (150) 2,139 25,339 (500)	9 Number687101065	Total 10 Amount 9,106 49,715 36,376 36,376 22,445

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT	I AND DEALI	H INSURANC	· C		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	()ther Individual Policies	l .				
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	164				
25.6	Totals (sum of Lines 25.1 to 25.5)	164				
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	164				

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF OKLAHOMA

DURÎNG THE YEAR 2009 NAIC Company Code: 67032

NAI	C Group Code: 0000				LIFE INSURA	NCE		NA	C Company	/ Code:	67032
	•		1		2		3		4		5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		Ordina	an/	Credit Life (Group and Individ	ual)	Group		Industrial		Total
1.	Life Insurance						Oroup				178
2.	Annuity considerations					I					
3.	Deposit-type contract funds								X X X		
4. 5.	Other considerations										178
	DIRECT DIVIDENDS TO POLICYHO			170							178
	Insurance:	LDLING									
	6.1 Paid in cash or left on deposit			37							
	6.2 Applied to pay renewal premiun										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prempaying period										
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)										37
Annı	uities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu 7.3 Other					I					
	7.4 Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)										37
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11. 12.	Annuity benefits										
13.	Aggregate write-ins for miscellaneous										
	claims and benefits paid										
14. 15.	All other benefits, except accident and										
	Totals										
1301.	AILS OF WRITE-INS				T						
1301.											
1303.											
1398.	Summary of remaining write-ins for Lin	e 13 from									
4000	overflow page										
1399.	Totals (Lines 1301 through 1303 plus 13 above)	, ,									
	1 1				Credit Life						
	·		Ordinary	(Grou	ip and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							
	DIRECT DEATH BENEFITS AND MATURED			Ind.Pols & Group		No. of Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year	12	638							12	638
17.	Incurred during current year	(3)	343							(3)	343
18.1	Settled during current year: By payment in full										
18.2	By payment on compromised claims.						1				
18.3	Totals paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements										
13.	16 + 17 - 18.6)	9	981							9	981
	,					No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year		42,749		(a)					37	63,503,446
21. 22.	Issued during year Other changes to in force (Net)		(4 000)				/- /			(4)	(21,569,683)
23.	In force December 31 of current	(4)	(4,000)				. [(21,303,003)			(4)	(21,309,003)
L	year	33	38,749		(a)		41,895,014			33	41,933,763

	ACCIDENT	I AND HEALT	11 11400177140	' L		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF OREGON

DURING THE YEAR 2009

NAI	C Group Code: 0000				LIFE INSURA	ANCE		NA	C Company	Code:	67032
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS		Ordina		(Group and Indivi	dual)	Group		Industrial		Total
1.	Life Insurance										19
2.	Annuity considerations Deposit-type contract funds								X X X		
4.	Other considerations										
5.	Totals (sum of Lines 1 to 4)										19
1	IRECT DIVIDENDS TO POLICYHO	LDERS									
Life	Insurance:										
	6.1 Paid in cash or left on deposit6.2 Applied to pay renewal premiun										
	6.3 Applied to provide paid-up addit shorten the endowment or prem	tions or nium -									
	paying period										6
	6.5 Totals (sum of Lines 6.1 to 6.4)									_	6
Annı	uities:										
	7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annu										
	7.3 Other										
8.	7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4)										
0.	DIRECT CLAIMS AND BENEFITS			0							
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12. 13.	Surrender values and withdrawals for I Aggregate write-ins for miscellaneous		S								
10.	claims and benefits paid										
14.	All other benefits, except accident and										
15.	Totals										
_	AILS OF WRITE-INS				T						
1301. 1302.											
1302.											
1398.	Summary of remaining write-ins for Lin	e 13 from									
1399	overflow page										
1000.	13 above)	, ,									
	1		o "	(0	Credit Life		•				T
		1	Ordinary 2	(Grou	ip and Individual) 4	5	Group 6	7	Industrial 8	9	Total 10
			_	No. of	7			,			10
	DIRECT DEATH BENEFITS AND MATURED			Ind.Pols & Group		No. of Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates		Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.		1	567							1	567
18.1	Settled during current year: By payment in full										
18.2	By payment on compromised claims .						1				
18.3	Totals paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)	1	567							1	567
	POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year		20,414		(a)	1	41,127,763			22	41,148,177
21. 22.	Issued during year Other changes to in force (Net)		(992)							(2)	(16,745,413)
23.	In force December 31 of current	, ,	, ,				, , , ,			, ,	' ' ' '
	year	20	19,422		(a)		24,383,342			20	24,402,764

ACCIDENT AND HEALTH INSURANCE

	ACCIDENT			<i>-</i>		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only					
25.4	Other accident only					
25.5	Other accident only					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines $24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6$)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

persons insured under indemnity only products ..



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA

DURÎNG THE YEAR 2009 NAIC Company Code: 67032

NAI	C Group Code: 0000				LIFE INSURA	NCE		NAI	C Company	Code:	67032
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS		Ordin		(Group and Individ		Group	077	Industrial	20	Total
	Life Insurance										
2. 3.	Deposit-type contract funds										
). .	Other considerations							l l			
ī. 5.	Totals (sum of Lines 1 to 4)										
	IRECT DIVIDENDS TO POLICYHO			,,							
	nsurance:	LDLING									
	6.1 Paid in cash or left on deposit.			12.049							12.04
	6.2 Applied to pay renewal premiun							l l			
	6.3 Applied to provide paid-up addisshorten the endowment or prempaying period	nium -		33.064						17	33.08
	6.4 Other										
Annı	6.5 Totals (sum of Lines 6.1 to 6.4) ities:			45,113					· · · · · · · · · · · · · · · · · · ·	17	45,13
	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu 7.3 Other	uities									
8.	7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4)			45 113						I	
	DIRECT CLAIMS AND BENEFITS	PAID									
9.	Death benefits						8,				
10.	Matured endowments								, -	-	-,
11.	Annuity benefits										
12. 13.	Surrender values and withdrawals for I Aggregate write-ins for miscellaneous		S .	193,616					30,10		223,71
13.	claims and benefits paid	ullect									
14.	All other benefits, except accident and										
15.	Totals						8,	l l			
DET	AILS OF WRITE-INS		•			,		'			
					T						
1303.											
1398.	Summary of remaining write-ins for Lin	e 13 from									
	overflow page										
1399.	Totals (Lines 1301 through 1303 plus 13 above)	, ,			Credit Life						
	ı	١,	Ordinary	(Grou	ip and Individual)		Group	ı	ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
10	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16. 17.	Unpaid December 31, prior year Incurred during current year Settled during current year:	139 178	134,346 679,314			5	29,160	1,142	155,025 95,569	1,281 394	289,37 ²
18.1	By payment in full	147	627,640			5		106		258	739,61
18.2 18.3	By payment on compromised claims . Totals paid	147	627,640			5	29,160	106	82,811	258	739,61
18.4	Reduction by compromise					1					
18.5	Amount rejected										
18.6	Total settlements	147	627,640			5	29,160	106	82,811	258	739,61
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)	170	186,020					1,247	167,783	1,417	353,80
	POLICY EXHIBIT					No. of Policies					
	FULIUT LAITIDIT	40.055	64,941,443		(a)	2	137,095,410	10,168	6,145,255	20,425	208,182,10
20	In force December 31 prior year	1(1255					1	,	1 5, 175,255	23,720	
	In force December 31, prior year Issued during year	198								198	3,677.51
21.		198			\ <i>'</i>	1	(54,689,831)	1,533			
20. 21. 22. 23.	Issued during year	198	3,677,511				(54,689,831)		(113,039)		3,677,51 (61,798,180

ACCIDENT AND HEALTH INSURANCE

	ACCIDEN	I AND HEALI	11 11100174110	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)		106			
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)	5,971	106		5,590	5,200
25.6	Totals (sum of Lines 25.1 to 25.5)	6,341	212		5,590	5,200
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6 341	212		5 590	5 200

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND

NAIC Group Code: 0000

LIFE INSURANCE

DURING THE YEAR 2009 NAIC Company Code: 67032

DIDECT DDEMUMO		1	1 1			3		4		5		
		DIRECT PREMIUMS				Credit Life						
		AND ANNUITY CONSIDERATIONS		Ordina	ary	(Group and Individual	dual)	Group		Industrial		Total
1.	Life In	surance										
2.		ty considerations					I .		1		I	
3.		sit-type contract funds								X X X		
4.		considerations										
5.		(sum of Lines 1 to 4)										
C	IRECT	DIVIDENDS TO POLICYHO	LDERS									
Life	nsura	nce:										
	6.1	Paid in cash or left on deposit										
	6.2	Applied to pay renewal premium	ns									
		Applied to provide paid-up addit										
		shorten the endowment or prem										
		paying period		.								
	6.4	Other										
		Totals (sum of Lines 6.1 to 6.4)										
Ann	uities:	Totalo (Salii oi Elilos C. 1 to C.4)										
AIIII		Paid in cash or left on deposit										
		Applied to provide paid-up annu Other										
		Totals (sum of Lines 7.1 to 7.3)					I					
,												
8.	Grand	Totals (Lines 6.5 plus 7.4)	DAID									
		CT CLAIMS AND BENEFITS										
9.		benefits										
10.		ed endowments										
11.		ty benefits										
12.		nder values and withdrawals for li										
13.		gate write-ins for miscellaneous										
		and benefits paid										
14.		er benefits, except accident and										
15.	Totals	<u> </u>										
DET	AILS O	F WRITE-INS										
1301												
1302												
1303												
1398		nary of remaining write-ins for Lin										
		ow page										
1399		(Lines 1301 through 1303 plus 1										
		ove)	, ,									
		1		1		Credit Life	1					
		·	٥	rdinary	(Gro	up and Individual)		Group		Industrial		Total
			1 1	2	3	4	5	6	7	8	9	10
			'	_	No. of	1		•	· '		3	10
	DIE	RECT DEATH BENEFITS			Ind.Pols		No. of					
	יווט	AND MATURED			& Group		Certi-					
	ENI		Number	Amount	'	Amount		Amount	Numbor	Amount	Numbor	Amount
16.		id December 31, prior year		Amount 217	Certits.	Amount	ficates	Amount	Number	Amount	Number 2	Amount 217
16. 17.			1 1	(217)			1	.			(2)	
17.		red during current yearled during current year:	(2)	(217)							(2)	(217)
40.4												
18.1		yment in full										
18.2		yment on compromised claims .										
18.3		tals paid										
18.4		ction by compromise										
18.5		int rejected										
18.6		tal settlements										
19.		id Dec. 31, current year (Lines										
	16 + 1	17 - 18.6)										
							No. of					
		POLICY EXHIBIT					Policies					
20.	In for	ce December 31, prior year	7	7,424		(a)		12,267,130			7	12,274,554
21.		d during year										
22.		changes to in force (Net)						. (4,065,461)				(4,065,461)
23.	In for	ce December 31 of current										·
1	vear .			7,424		(a)		8,201,669	<u> </u>		7	8,209,093
	,											

	ACCIDENT	AND DEALI	HINDUKANU	· C		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

NAIC	Group Code: 0000				LIFE INSURA	NCE		NAI	NAIC Company Code: 67032			
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5	
	AND ANNUITY CONSIDERATIONS		Ordina		(Group and Individ		Group		Industrial		Total	
	Life Insurance											
	Annuity considerations											
	Deposit-type contract funds Other considerations											
	Totals (sum of Lines 1 to 4)			750 199			1	252	45.9	11	797 36	
	RECT DIVIDENDS TO POLICYHO			100,100				,202				
	surance:	LDLING										
	6.1 Paid in cash or left on deposit			15.641							15.64	
(6.2 Applied to pay renewal premiun											
(6.3 Applied to provide paid-up addit											
	shorten the endowment or prem	nium -		04.754					,		04.75	
	paying period											
	6.4 Other			27.205							27.20	
				31,395					((2)	37,38	
nnui	7.1 Paid in cash or left on deposit											
	7.2 Applied to provide paid-up annu											
	7.3 Other											
	7.4 Totals (sum of Lines 7.1 to 7.3)											
	Grand Totals (Lines 6.5 plus 7.4)			37,395					(2)	37,39	
	DIRECT CLAIMS AND BENEFITS											
	Death benefits											
	Matured endowments											
	Annuity benefits Surrender values and withdrawals for I											
	Aggregate write-ins for miscellaneous		9	120,937							140,00	
	claims and benefits paid											
ļ. <i>i</i>	All other benefits, except accident and	health										
5.	Totals			394,116					101,42	27	495,54	
	LS OF WRITE-INS											
										1		
	Summary of remaining write-ins for Lin											
	overflow page											
	Totals (Lines 1301 through 1303 plus											
	13 above)											
	1			1	Credit Life							
			Ordinary	,	ip and Individual)		Group		ndustrial		Total	
		1	2	3 No. of	4	5	6	7	8	9	10	
	DIRECT DEATH BENEFITS			Ind.Pols		No. of						
	AND MATURED			& Group		Certi-						
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount	
	Unpaid December 31, prior year	480	93,665					1,201	134,005	1,681	227,67	
	Incurred during current year	(10)	408,403					82	76,897	72	485,29	
	Settled during current year:											
	By payment in full	120						102		222	456,19	
.2 .3	By payment on compromised claims . Totals paid	4	1,641 377,647					102	80.187	4	1,64 457,83	
	Reduction by compromise		23,359					102		220	23,35	
	Amount rejected										20,00	
3.6	Total settlements	124						102		226	481,19	
	Unpaid Dec. 31, current year (Lines										,	
	16 + 17 - 18.6)	346	101,062					1,181	130,715	1,527	231,77	
						No. of						
	POLICY EXHIBIT					Policies						
	In force December 31, prior year	7,691	38,263,115		(a)		58,899,662	7,107	5,156,597	14,798	102,319,37	
	Issued during year	169	2,098,912				(04.050.05.1)		(70 5 (7)	169	2,098,91	
	Other changes to in force (Net)	241	(1,324,324)				(34,959,654)	732	(76,547)	973	(36,360,525	
	In force December 31 of current	8 101	39 037 703		(a)		23 940 008	7 839	5 080 050	15 940	68 057 76	

. 39,037,703

... 8,101

ACCIDENT AND HEALTH INSURANCE

(a).

23,940,008

15,940

68,057,761

	ACCIDENT	I AND DEALI	H INSUKANU	· C		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies	l .				
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,088	2,848			183
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	43,650			39,898	38,209
25.6	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)	46,737	2,848		39,898	38,392
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	46,737	2,848		39,898	38,392

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



735

15.399.539

(5,624,201)

9,775,338

17

(2)

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA

LIFE INSURANCE NAIC Group Code: 0000 NAIC Company Code: 67032 Credit Life DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS Ordinary Group (Group and Individual) Industrial Total Life Insurance 2. Annuity considerations 3. Deposit-type contract funds XXXOther considerations Totals (sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: Paid in cash or left on deposit 6.2 Applied to pay renewal premiums ... 6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period Other 6.5 Totals (sum of Lines 6.1 to 6.4) Annuities: Paid in cash or left on deposit . 7.1 7.2 Applied to provide paid-up annuities 7.3 Other Totals (sum of Lines 7.1 to 7.3) 7 4 Grand Totals (Lines 6.5 plus 7.4) 8. DIRECT CLAIMS AND BENEFITS PAID Death benefits ... 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid ... 14. All other benefits, except accident and health Totals ... 15. **DETAILS OF WRITE-INS** 1301 1302. 1303 1398. Summary of remaining write-ins for Line 13 from overflow page ... 1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) Credit Life Ordinary (Group and Individual) Total Group 10 No. of DIRECT DEATH BENEFITS Ind.Pols No. of AND MATURED & Group Certi-ENDOWMENTS INCURRED Certifs. Number Amount Amount ficates Amount Number Number Amount Unpaid December 31, prior year 16 17. Incurred during current year 735 Settled during current year: 18.1 By payment in full 18 2 By payment on compromised claims 18.3 Totals paid Reduction by compromise 18.4 Amount rejected 18.5 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines

(a) Includes Individual Credit Life Insurance prior year \$................0, current year \$.............0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$....
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$..... ..0. current year \$. ..0 .0, current year \$...

17

(2)

735

22.736

(735)

22,001

ACCIDENT AND HEALTH INSURANCE

(a).

No. of

Policies

15,376,803

(5,623,466)

	ACCIDEN	I AND HEALI	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of

persons insured under indemnity only products

16 + 17 - 18.6).

Issued during year . Other changes to in force (Net)

year

20.

21.

22.

23.

POLICY EXHIBIT

In force December 31, prior year ...

In force December 31 of current



DIRECT BUSINESS IN THE STATE OF **TENNESSEE**

DURÍNG THE YEAR 2009

.... 32,585,011 3,835 2,245,688 8,328 67,471,362

NAI	C Group Code: 0000				LIFE INSURA	ANCE		NAI	C Company	Code:	67032
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS		Ordina		(Group and Indivi	,	Group		Industrial	_	Total
1.	Life Insurance										581,390
2. 3.	Annuity considerations Deposit-type contract funds										
4.	Other considerations										
5.	Totals (sum of Lines 1 to 4)										
D	IRECT DIVIDENDS TO POLICYHO										
	nsurance:										
	6.1 Paid in cash or left on deposit.			7,182							7,182
	6.2 Applied to pay renewal premiur										
	6.3 Applied to provide paid-up addi										
	shorten the endowment or pren	nium -		0 =00							0
	paying period										
	6.4 Other			45.040						г	
Annı	6.5 Totals (sum of Lines 6.1 to 6.4) uities:			15,949						٠	15,954
Annu	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)			15,949						5	15,954
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments								-,-		- / -
11. 12.	Annuity benefits Surrender values and withdrawals for l										
13.	Aggregate write-ins for miscellaneous		9	60,900					21,0	''	102,770
10.	claims and benefits paid	ullect									
14.	All other benefits, except accident and										
15.	Totals										
DET	AILS OF WRITE-INS		•		•						
1301.											
1302.											
1398.	Summary of remaining write-ins for Lin										
4000	overflow page										
1399.	Totals (Lines 1301 through 1303 plus 13 above)										
	13 above)	T		· · · · · · · · · · · · · · · · · · ·	Credit Life					· · · · · · · · · · · · · · · · · · ·	
	'	١ .	Ordinary	(Grou	up and Individual)		Group	l ,	ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year	254	81,076					599	70,861	853	151,937
17.	Incurred during current year	75	202,607					135	45,123	210	247,730
18.1	Settled during current year: By payment in full	60	174,223					50	35,328	110	209,551
18.2	By payment on compromised claims .			1		1				110	
18.3	Totals paid		174,223			1		50	35,328	110	
18.4	Reduction by compromise										
18.5	Amount rejected					1					
18.6	Total settlements	60	174,223					50	35,328	110	209,551
19.	Unpaid Dec. 31, current year (Lines		400 400						00.055		
	16 + 17 - 18.6)	269	109,460					684	80,656	953	190,116
	DOLLOV EVLIBIT					No. of					
20	POLICY EXHIBIT	4,000	30 006 045	-	(a)	Policies	64 492 044	3,390	2 206 100	7 200	07 605 155
20. 21.	In force December 31, prior year Issued during year	580			(a)		64,482,011	3,390	2,286,199	7,390 580	97,695,155 7,580,789
22.	Other changes to in force (Net)	(87)					(31,897,000)	I	(40,511)		
23.	In force December 31 of current		(=,,,==,,==,)				(, , , , , , , , , , , , , , , , , , ,		(,- · · /		(= ,== 1,===)
		1		1	Les	1	1				l

ACCIDENT AND HEALTH INSURANCE

	ACCIDEN	IANDHLALI	II IIIOUNAIIO	· L		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)	25,675	25,675		75,653	69,923
24.1	Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)	277				
25.2	Guaranteed renewable (b)	2,608	1,951			
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)	16,975	277		24,023	23,486
25.6	Totals (sum of Lines 25.1 to 25.5)	19,861	2,228		24,023	23,486
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	45.536	27.903		99.677	93.410

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF TEXAS

LIFE INSURANCE

DURING THE YEAR 2009 NAIC Company Code: 67032

NAI	C Group Code: 0000				LIFE INSURA	NCE		NA	IC Company	Code:	67032
	DIDECT DDEAUUNG		1		2		3		4		5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		Ordina	arv	Credit Life (Group and Individ	ual)	Group		Industrial		Total
1.	Life Insurance										106.507
2.	Annuity considerations										
3.	Deposit-type contract funds								X X X		
4. 5.	Other considerations										
	IRECT DIVIDENDS TO POLICYHO			100,507							100,507
1	nsurance:	LDLING									
	6.1 Paid in cash or left on deposit.			50							50
	6.2 Applied to pay renewal premiun	าร									
	6.3 Applied to provide paid-up addition										
	shorten the endowment or pren paying period	ılum -		248							248
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)										298
Annu											
	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu 7.3 Other										
	7.4 Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)			298							298
1	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10. 11.	Matured endowments										
12.	Surrender values and withdrawals for I										8,999
13.	Aggregate write-ins for miscellaneous	direct									
14.	claims and benefits paid										
	Totals										8.999
DETA	AILS OF WRITE-INS		<u>'</u>	-	1						
1301.											
1302.											
1303.	Summary of remaining write-ins for Lin										
1390.	overflow page										
1399.	Totals (Lines 1301 through 1303 plus										
	13 above)										
	1		O-4:	(0	Credit Life up and Individual)		0		la di satala l		T-4-1
		1	Ordinary 2	3	4	5	Group 6	7	Industrial 8	9	Total 10
				No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED ENDOWMENTS INCURRED	Number	Amount	& Group Certifs.	Amount	Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year		931	Oertiis.	Amount			Number	Amount	5	
17.	Incurred during current year	40	190,894					4		1	1
40.4	Settled during current year:		74 000								74.000
18.1	By payment in full		71,000							14	71,000
18.3	Totals paid	14	71,000								71,000
18.4	Reduction by compromise						.				
18.5	Amount rejected									1	74.000
18.6 19.	Total settlements	14	71,000							14	71,000
10.	16 + 17 - 18.6)	30	120,825				1 10,000	4	666	35	131,492
						No. of					
20	POLICY EXHIBIT	100	2 5 4 4 700	-	(a)	Policies				100	275 050 200
20. 21.	In force December 31, prior year Issued during year	196			(a)		, , , ,			1	275,856,228
22.	Other changes to in force (Net)		1,065,388							194	(116,525,657)
23.	In force December 31 of current						<u> </u>				
	year	391	4,632 <u>,</u> 184		(a)		. 154,723,387			J 3 <u>9</u> 1	159,355,571

ACCIDENT AND HEALTH INSURANCE

	ACCIDEN	I AND DEALI	II INSUNAINO	· L		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees	(40)	(40)		26,234	21,538
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	(40)	(40)		26.234	21.538

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF UTAH

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

								1 17 1	io company	Oodo.	0.00=
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordina	ary	2 Credit Life (Group and Individ	ual)	3 Group		4 Industrial		5 Total
1.	Life Insurance										
2.	Annuity considerations		I			I				1	
						I					
3.	Deposit-type contract funds								X X X		
4.	Other considerations										
5.	Totals (sum of Lines 1 to 4)										
D	DIRECT DIVIDENDS TO POLICYHO	LDERS									
l	Insurance:										
Lile											
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem	ium -									
	paying period										
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)									_	
١.											
Annı	uities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu	ities									
	7.3 Other										
	7.4 Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)										
0.	Diana rotals (Lines 0.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for li										
13.	Aggregate write-ins for miscellaneous										
10.											
4.4						I					
14.	All other benefits, except accident and										
15.	Totals										
DET	AILS OF WRITE-INS										
1301.											
l											
1302.										1	
1303.											
		e 13 from									
1398.	. Summary of remaining write-ins for Lin overflow page	e 13 from									
1398.	Summary of remaining write-ins for Lin overflow page	e 13 from 1398) (Line		<u></u>							
1398.	. Summary of remaining write-ins for Lin overflow page	e 13 from 1398) (Line		<u></u>							
1398.	Summary of remaining write-ins for Lin overflow page	e 13 from			Credit Life						
1398.	Summary of remaining write-ins for Lin overflow page	e 13 from 1398) (Line	ordinary	(Grou	Credit Life up and Individual)		Group		Industrial		Total
1398.	Summary of remaining write-ins for Lin overflow page	e 13 from		(Grou	Credit Life						Total 10
1398.	Summary of remaining write-ins for Lin overflow page	e 13 from 1398) (Line	ordinary	(Grou	Credit Life up and Individual)		Group		Industrial		
1398.	Summary of remaining write-ins for Lin overflow page	e 13 from 1398) (Line	ordinary	(Grou	Credit Life up and Individual)		Group		Industrial		
1398.	Summary of remaining write-ins for Lin overflow page	e 13 from 1398) (Line	ordinary	(Grot 3 No. of Ind.Pols	Credit Life up and Individual)	5	Group		Industrial		
1398.	Summary of remaining write-ins for Lin overflow page	e 13 from 1398) (Line	ordinary	(Grot	Credit Life up and Individual)	5 No. of	Group		Industrial		
1398.	. Summary of remaining write-ins for Lin overflow page	1398) (Line	ordinary 2	(Grou 3 No. of Ind.Pols & Group	Credit Life up and Individual) 4	5 No. of Certi-	Group 6	7	Industrial 8	9	10
1398. 1399.	Summary of remaining write-ins for Lin overflow page	e 13 from 1398) (Line 1 Number	ordinary 2	(Grou 3 No. of Ind.Pols & Group	Credit Life up and Individual) 4	5 No. of Certi-	Group 6	7	Industrial 8	9	10
1398.	Summary of remaining write-ins for Lin overflow page	1398) (Line	ordinary 2	(Grou 3 No. of Ind.Pols & Group	Credit Life up and Individual) 4	5 No. of Certi-	Group 6	7	Industrial 8	9	10
1398. 1399. 16. 17.	Summary of remaining write-ins for Lin overflow page	e 13 from 1398) (Line 1 Number	ordinary 2	(Grou 3 No. of Ind.Pols & Group	Credit Life up and Individual) 4	5 No. of Certi-	Group 6	7	Industrial 8	9	10
1398. 1399.	Summary of remaining write-ins for Lin overflow page	e 13 from 1398) (Line 1 Number	ordinary 2	(Grou 3 No. of Ind.Pols & Group	Credit Life up and Individual) 4	5 No. of Certi-	Group 6	7	Industrial 8	9	10
1398. 1399. 16. 17.	Summary of remaining write-ins for Lin overflow page	1398) (Line	ordinary 2	(Group Group Certifs.	Credit Life up and Individual) 4	5 No. of Certi- ficates	Group 6	7 Number	Industrial 8	9 Number	10
1398. 1399. 16. 17. 18.1	Summary of remaining write-ins for Lin overflow page Totals (Lines 1301 through 1303 plus 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full	e 13 from 1398) (Line 1 Number	ordinary 2	(Group 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4	5 No. of Certi- ficates	Group 6	7 Number	Industrial 8	9 Number	10
1398. 1399. 16. 17. 18.1 18.2 18.3	Summary of remaining write-ins for Lin overflow page Totals (Lines 1301 through 1303 plus of 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid	e 13 from (398) (Line	ordinary 2	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4	5 No. of Certi- ficates	Group 6	7 Number	Industrial 8	9 Number	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4	Summary of remaining write-ins for Lin overflow page Totals (Lines 1301 through 1303 plus 213 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise	e 13 from (398) (Line	ordinary 2	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4	5 No. of Certi- ficates	Group 6	7 Number	Industrial 8	9 Number	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5	Summary of remaining write-ins for Lin overflow page Totals (Lines 1301 through 1303 plus of 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year	e 13 from (1398) (Line	ordinary 2	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4	5 No. of Certi- ficates	Group 6	7 Number	Industrial 8	9 Number	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page Totals (Lines 1301 through 1303 plus of 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements	e 13 from (398) (Line	ordinary 2	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4	5 No. of Certi- ficates	Group 6	7 Number	Industrial 8	9 Number	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5	Summary of remaining write-ins for Lin overflow page Totals (Lines 1301 through 1303 plus of 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines	1 Sumber	ordinary 2	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4	5 No. of Certi- ficates	Group 6	7 Number	Industrial 8	9 Number	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page Totals (Lines 1301 through 1303 plus of 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements	e 13 from (1398) (Line	ordinary 2	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4	5 No. of Certi- ficates	Group 6	7 Number	Industrial 8	9 Number	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page Totals (Lines 1301 through 1303 plus of 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines	1 Sumber	Ordinary 2 Amount	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4	5 No. of Certificates	Group 6	7 Number	Industrial 8	9 Number	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6	Summary of remaining write-ins for Lin overflow page Totals (Lines 1301 through 1303 plus of 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1 Sumber	Ordinary 2 Amount	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4	No. of Certificates	Group 6	7 Number	Industrial 8	9 Number	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page Totals (Lines 1301 through 1303 plus of 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1 Number	Amount	(Group 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	No. of Policies	Group 6 Amount	7 Number	Industrial 8	9 Number	Amount
1398. 1399. 16. 17. 18.1 18.2 18.3 18.5 18.6 19.	Summary of remaining write-ins for Lin overflow page Totals (Lines 1301 through 1303 plus of 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year	1 Sumber	Amount	(Grou 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4	No. of Certificates	Group 6	7 Number	Industrial 8 Amount	9 Number	10
1398. 1399. 16. 17. 18.1 18.2 18.3 18.5 19.	Summary of remaining write-ins for Lin overflow page Totals (Lines 1301 through 1303 plus of 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year Issued during year	e 13 from (398) (Line (Number (1) (1) (1) (1) (1) (1) (1) (1	Amount 18,955	(Group 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	No. of Policies	Group 6 Amount	7 Number	Industrial 8	9 Number	Amount
1398. 1399. 16. 17. 18.1 18.2 18.3 18.4 19. 20. 21. 22.	Summary of remaining write-ins for Lin overflow page Totals (Lines 1301 through 1303 plus 213 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year Issued during year Other changes to in force (Net)	1 Number	Amount	(Group 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	No. of Policies	Group 6 Amount	7 Number	Industrial 8 Amount	9 Number	Amount
1398. 1399. 16. 17. 18.1 18.2 18.3 18.5 19.	Summary of remaining write-ins for Lin overflow page Totals (Lines 1301 through 1303 plus of 13 above) 1 DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Unpaid December 31, prior year Incurred during current year Settled during current year: By payment in full By payment on compromised claims Totals paid Reduction by compromise Amount rejected Total settlements Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) POLICY EXHIBIT In force December 31, prior year Issued during year	e 13 from (398) (Line (Number (1) (1) (1) (1) (1) (1) (1) (1	Amount	(Group 3 No. of Ind.Pols & Group Certifs.	Credit Life up and Individual) 4 Amount	No. of Policies	Group 6 Amount	7 Number	Industrial 8 Amount	9 Number	Amount

	ACCIDENT	ANDILALI	II IIIOUNAIIO	' L		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF VERMONT

NAIC Group Code: 0000 LIFE INSURANCE

DURÎNG THE YEAR 2009 NAIC Company Code: 67032

1 1/ 11	o ordap oddo. dddd				LII L IIIOOIV				io company	0000.	0.002
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS		Ordina	ary	(Group and Individ	ual)	Group		Industrial		Total
1.	Life Insurance										
2.	Annuity considerations										
3.	Deposit-type contract funds										
4. 5.	Other considerations										
_	Totals (sum of Lines 1 to 4)										
1	IRECT DIVIDENDS TO POLICYHO	JLDEK2									
Life I	nsurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premiun6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)				-						
Annı	vities:										
7	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous										
14.	claims and benefits paid										
15.	Totals										
	AILS OF WRITE-INS										
1301.											
1											
	Summary of remaining write-ins for Lin										
1000.	overflow page										
1399.	Totals (Lines 1301 through 1303 plus										
	13 above)	, ,									
	1				Credit Life						
		c	Ordinary	(Grou	ıp and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. of	i				
	AND MATURED			& Group		Certi-	1				
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	s Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year		4.000								4.000
17.	Incurred during current year	2	1,008							2	1,008
10 1	Settled during current year: By payment in full										
18.1	By payment on compromised claims .										
18.3	Totals paid	1 1									
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines										
L	16 + 17 - 18.6)	2	1,008							2	1,008
						No. of	:				
	POLICY EXHIBIT					Policie	S				
20.	In force December 31, prior year	13	11,587		(a)		8,318,962			13	8,330,549
21.	Issued during year										
22.	Other changes to in force (Net)						(2,998,960)				(2,998,960)
23.	In force December 31 of current										
1	year	13	11,587		(a)		5,320,002			13	5,331,589

	ACCIDENT	I AND HEALI	11 11400117-140	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Omer morvional Policies					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



. 158,713,388 ... 13,171 6,182,465 ... 23,122

DIRECT BUSINESS IN THE STATE OF VIRGINIA

DURÎNG THE YEAR 2009 NAIC Company Code: 67032

	C Croup Code: 0000	., 0			LIFE INSURA	NCE			C Company		
INAI	C Group Code: 0000		1		LIFE INSURF	INCE	3	INAI	C Company	Code.	07032
	DIRECT PREMIUMS				Credit Life	h. =1)	•		4		5 T-4-1
	AND ANNUITY CONSIDERATIONS Life Insurance		Ordina	,	(Group and Individ	,	Group		Industrial 74.61	17	Total 924 1
	Annuity considerations										
	Deposit-type contract funds			10,130	XXX				XXX		
). .	Other considerations										
 5.	Totals (sum of Lines 1 to 4)			859.722					74.61	17	934.33
D	RECT DIVIDENDS TO POLICYHO								,		,
	nsurance:										
	6.1 Paid in cash or left on deposit.			10.056							10.0
	6.2 Applied to pay renewal premiun							l l			
	6.3 Applied to provide paid-up addit	tions or									
	shorten the endowment or pren	nium -									
	paying period			20,295					3	37	20,3
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)			30,350					3	37	30,3
nnu	ities:										
	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
3.	7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4)			30 350						27	30.3
	DIRECT CLAIMS AND BENEFITS			30,330						31	
).	Death benefits			558 352					90.30	20	648 6
). 10.	Matured endowments										
1.	Annuity benefits								,	l l	,
2.	Surrender values and withdrawals for I	ife contract	s	160,477							
3.	Aggregate write-ins for miscellaneous	direct									
	claims and benefits paid										
	All other benefits, except accident and										
15.	Totals			734,196					129,17	74	863,37
DETA	AILS OF WRITE-INS										
301.											
398.	Summary of remaining write-ins for Lin										
	overflow page										
399.	Totals (Lines 1301 through 1303 plus										
	13 above)										
	1				Credit Life		_				
			Ordinary		ıp and Individual)	_	Group		ndustrial		Total
		1	2	3 No. of	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS			No. of Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
6.	Unpaid December 31, prior year	534	204,057	Ocitiis.	Amount	illoates	7 unount	2,046	201,747	2,580	405,80
7.	Incurred during current year	87	603,672					263	105,568	350	709,24
	Settled during current year:							200	100,000		
8.1	By payment in full	182	624,298					145	91.653	327	715,9
8.2	By payment on compromised claims .										
8.3	Totals paid	182	624,298					145	91,653	327	715,9
8.4	Reduction by compromise										
8.5	Amount rejected										
8.6	Total settlements	182	624,298					145	91,653	327	715,9
9.	Unpaid Dec. 31, current year (Lines	400	400 404					0.404	045.000	0.000	200.0
	16 + 17 - 18.6)	439	183,431					2,164	215,662	2,603	399,0
	DOLLOV EVLUDIT					No. of					
n	POLICY EXHIBIT	10 100	E0 440 700		(a)	Policies	101 544 700	11 100	6 040 000	04.000	250 200 41
20. 21.	In force December 31, prior year Issued during year	163			(a)		191,544,730	11,420	6,212,666	163	250,200,13 4,959,99
21. 22.	Other changes to in force (Net)		(7,815,328)				(32,831,342)	1,751	(30,201)		4,959,98
22. 23.	In force December 31 of current	(020)	(1,013,320)				(02,001,042)	1,731	(50,201)	1,131	(40,070,07
	in 10.00 December of or current	l		1	1	1	1	1		l	l

.... 9,951 49,587,402

ACCIDENT AND HEALTH INSURANCE

(a)..

		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,299	4,600		1,240	1,240
25.3	Non-renewable for stated reasons only (b)		6			
25.4	Other accident only					
25.5	All other (b)	45,359	6		12,592	12,827
25.6	Totals (sum of Lines 25.1 to 25.5)	50,658	4,612		13,832	14,067
26.	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5) Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	50,658	4,612		13,832	14,067

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF WASHINGTON

DURING THE YEAR 2009 LIFE INSURANCE NAIC Group Code: 0000 NAIC Company Code: 67032

2. Annual considerations	DIRECT FREMULTS Ordinary Compart United States Total	NAI	C Group Code: 0000		LIFE INSURF		NA!	NAIC Company Code: 67032					
1. Lief Instrumence	STORE					on.		uol)	-		4		5
2. Annuity considerations	Commission Contract Contrac	1											-1-
3. Deposit-type contract funds	y tipe contract funds y tipe contracts tands y tipe contracts tands y time to the tipe of the tipe of												• • • • • • • • • • • • • • • • • • • •
4. Other considerations () 517 DIRECT DIVIDENDS TO POLICYHOLDERS 1446 6. Paid in cash or left on deposit	misderations		•										
DIRECT DURINGS TO POLICYHOLDERS	S17												
DIRECT DIVIDENDS TO POLICYHOLDERS	Indicating Provide paid up additions or or tomber the another provide paid up additions or or tomber the another provide paid up additions or or tomber the another provide paid up additions or or tomber the another provide paid up additions or or tomber the another provide paid up additions or or tomber the another provide paid up additions or or totals (sum of Lines 5.1 to 6.4) 169 169 169 aid in cash or left on deposit propriet provide paid-up annulise principled to provide paid-up annulise provide (sum of Lines 7.1 to 7.3) 169 169 169 169 Cacladia Sum of Lines 7.1 to 7.3) 169 169 169 169 169 169 169 169 169 169		Totals (sum of Lines 1 to 1)			517						1	
Life Insurance:	### aid in cash or left on deposit promises gain gain day and afficiency or rother the endowment or premium spiplied to provide gain y and difficiency or other the endowment or premium syring period					317							
6.1 Paid in cash or left on deposit	aid in cash or left on deposit pilled to private paid-up additions or or thorse the endowment or premium - spring period . 24			ILDEK9									
6.2 Applied to party enerwal premiums 6.3 Applied to provide packly packlides or shorten the endowment or premium - paying period	polled to pay renewal premiums or or other the endowment or premium syring period or provide pad-up additions or other the endowment or premium syring period 24	Life I											
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period. 24 6.4 Other 6.5 Totals (sum of Lines \$1 to 6.4) Annutities: 7.2 Applied to provide paid-up annutiles 7.3 Other 7.4 Totals (sum of Lines \$7 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) 9. DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 11. Annutity benefits 11. Annutity benefits 11. Annutity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, paid benefits paid 15. Totals 16. Totals (Lines 130 through 1303 plus 1398) (Line 13 from overflow page) 1399. Totals (Lines 130 through 1303 plus 1398) (Line 13 above) 15. Maximap of remaining write-ins for Line 13 from overflow page 16. Unpaid December 31, prior year. 17. Lincurred during current year 18.1 By payment in full 18.2 By payment in full 18.3 Totals paid 18.4 Reduction by compromise claims 18.5 Totals source compressed claims 18.6 Totals source compressed claims 18.7 Totals paid 18.8 Totals paid 18.9 POUCY EXHBIT 19. Unpaid Dec. 31, current year (Lines 161 from overflow page) 19. Unpaid Dec. 31, current year 19. Unpaid Dec. 31, current year 19. Unpaid Dec. 31, current year (Lines 161 from overflow page) 19. Unpaid Dec. 31, current year 19. Unpaid Dec. 31, current year 19. Unpaid Dec. 31, current year (Lines 161 from overflow pot compromised claims 10. Totals (Lines 150 through year) 19. Unpaid Dec. 31, current year 19. Unpaid Dec. 31, current year (Lines 161 from year) 19. Unpaid Dec. 31, current year (Lines 161 from year) 19. Unpaid Dec. 31, current year (Lines 161 from year) 19. Unpaid Dec. 31, current year (Lines 161 from year) 19. Unpaid Dec. 31, current year (Lines 161 from year) 19. Unpaid Dec. 31, current year (Lines 161 from year) 19. Unpaid Dec. 31, current year (Lines 161 from year) 19. Unpaid Dec. 31, current year (Lines 161 from year) 19. Unpaid Dec. 31, current year (Lines 161 from year) 19. Unpaid Dec. 31, current year (Lines 161 from year)	polled to provide paid-up additions or norten the andowner or premium spring period 24												146
Shorten the endowment of premium	April Apri												
Paying period C.5 Totals (gum of Lines 5.1 to 6.4) 169	24 24 24 24 25 24 25 24 25 25												
6.4 Other	ther or the company of the contracts of		shorten the endowment or pren	nium -		0.4							0.4
Annuities: 7.1 Paid in cash to left on deposit 7.2 Applied to provide paid-up annuities 7.3 Office: 7.3 Office: 7.4 Totals (sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 4.5 plus 7.4) 9. Deeth benefits 9. Deeth benefits 10. Mutured endowments 11. Annuity benefits 12. Surender values and withdrawals for life contracts 13. Aggregate withers for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals 19. Unpaid December 31, prioryear 19. Totals 19.	169 169											I	
Annutities:	aid in cash or left on deposit opined to provide pelid-up annuties (her cotals (sum of Lines 7.1 to 7.3) annuties (here cotals (sum of Lines 7.1 to 7.3) annuties (here cotals (sum of Lines 7.1 to 7.3) annuties (here cotals (sum of Lines 7.1 to 7.3) annuties (here cotals (sum of Lines 7.1 to 7.3) annuties (here cotals (sum of Lines 7.1 to 7.3) annuties (here cotals (sum of Lines 7.1 to 7.3) annuties (here cotals (sum of Lines 7.1 to 7.3) annuties (here cotals (sum of Lines 7.1 to 7.3) annuties (here cotals (sum of Lines 7.1 to 7.3) annuties (here cotals (sum of Lines 9.1 to 1.000 annuties (here cotals 9.1												
7.1 Paid in cash to rieft on deposit 7.2 Applied to provide paid-up annulises 7.3 Other 7.4 Total S (sum of Line 3 7 to 7 3) 169	polied to provide paid-up annuties ther stals (sum of Lines 7.1 to 7.3) at polision (support of Lines 7.1 to 7.3)					169							169
T2 Applied to provide paid-up annulise T3 Other T4 Totals (sum of Lines 7.1 to 7.3)	polied to provide paid-up annuties ther stals (sum of Lines 7.1 to 7.3) at polision (support of Lines 7.1 to 7.3)	Annı											
7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3) 169	Internation												
Total Claims Cl	169 169												
Section Color Co	169 169												
DIRECT CLAIMS AND BENEFITS PAID 9	CLAIMS AND BENEFITS PAID	_	7.4 Totals (sum of Lines 7.1 to 7.3)										
9. Death benefits	1,000 1,00	_	Grand Totals (Lines 6.5 plus 7.4)			169							169
10. Matured endowments	endowments benefits or values and withdrawals for life contracts le write-ins for miscellaneous direct and benefits, except accident and health 1,000 1,000 1,000 1,000 1,000 1,000 WRITE-INS	l											
11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals 16. Totals Tot	Denefits	l											1,000
12. Surrender values and withdrawals for life contracts	revalues and withdrawels for life contracts to write write-ins for miscellaneous direct and benefits paid benefits												
13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 1.000	te write-ins for miscellaneous direct and health benefits, except accident and health benefits, except accident and health 1,000 1,000 1,000 WRITE-INS		,										
All other benefits paid	December 31, prior year	l			S								
14. All other benefits, except accident and health	Denefits, except accident and health	13.	Aggregate write-ins for miscellaneous	direct									
15. Totals	1,000 1,00		claims and benefits paid										
DIFFECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED Number Amount Certifs Amount Group Certifs Amount Certifs Amount Group Certifs Amount Certifs Amount Group Certifs Certificate Certifs C	### WRITE-INS Yof remaining write-ins for Line 13 from page											1	
1302	y of remaining write-ins for Line 13 from page					1,000							1,000
1302	y of remaining write-ins for Line 13 from page												
1308	y of remaining write-ins for Line 13 from page	1301.											
1398. Summary of remaining write-ins for Line 13 from overflow page	y of remaining write-ins for Line 13 from page												
Overflow page	Page												
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	International State 1301 through 1303 plus 1398) (Line	1398.											
1 Ordinary Credit Life Group and Individual) Group Industrial Total	1												
1 Ordinary Credit Life Group Industrial Total	1	1399.											
DIRECT DEATH BENEFITS	Ordinary		13 above)										
1 2 3 No. of POLICY EXHIBIT	1 2 3 4 5 6 7 8 9 10		1				Credit Life						
DIRECT DEATH BENEFITS	No. of Ind.Pols & Group Certifs Amount Number Amount					,	p and Individual)						
DIRECT DEATH BENEFITS	Ind.Pols			1	2	1 -	4	5	6	7	8	9	10
AND MATURED Number Amount Series Amount Number	AND MATURED WMENTS INCURRED Number Amount Amount Amount Amount Certifs. Amount ficates Amount Number Numbe					No. of							
ENDOWMENTS INCURRED Number Amount Certifs. Amount ficates Amount Number Amount Number Amount Amount Number Amo	WMENTS INCURRED Number Amount Certifs. Amount ficates Amount Number Amount Amount Amount Number Amount												
16. Unpaid December 31, prior year	December 31, prior year							1					
17. Incurred during current year	during current year			Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
Settled during current year:	during current year: nent in full												
18.1 By payment in full	nent in full	17.		2	1,545							2	1,545
18.2 By payment on compromised claims	nent on compromised claims spaid spa												
18.3 Totals paid	s paid												
18.4 Reduction by compromise	on by compromise rejected settlements Dec. 31, current year (Lines - 18.6) 2 1,545 2 1												
18.5 Amount rejected	rejected		•										
18.6 Total settlements	Settlements Dec. 31, current year (Lines -18.6) 2 1,545 2		·										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 2 1,545	Dec. 31, current year (Lines - 18.6)		•										
16 + 17 - 18.6)	- 18.6)												
POLICY EXHIBIT 20. In force December 31, prior year	No. of Policies Po	19.			4 5 4 5						1		1 - 4 - 4 -
POLICY EXHIBIT Policies 20. In force December 31, prior year 27 47,208 (a) 92,305,237 27 92,35 21. Issued during year 27 <	Policies		10 + 17 - 10.0)	2	1,545							2	1,545
20. In force December 31, prior year 27 47,208 (a) 92,305,237 27 92,35 21. Issued during year 27 27 92,35	December 31, prior year 27 47,208 (a) 92,305,237 27 92,352,445 during year 27 92,352,445 (29,573,549) 27 (29,573,541)		DOLLOV 5V4 ::-:-								1		
21. Issued during year	during year	25		-	,		()	Policies				-	
	nanges to in force (Net)				47,208		(a)		92,305,237			27	92,352,445
									(00.570.540)				(00.570.544)
	December 31 of current		, ,		8				[(29,5/3,549)				(29,5/3,541)
23. In force December 31 of current	27 47 216 (a) 62 731 688 27 62 778 904	23.	in force December 31 of current	0.7	47.040		(a)		60 704 600		1	0.7	60 770 004

47,216

ACCIDENT AND HEALTH INSURANCE

62,731,688

	ACCIDENT	ANDILALI	II IIIOUNAIIO	' L		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

DIRECT PREMIUNES	NAI	C Group Code: 0000				LIFE INSURA	NCE		NAI	C Company	Code:	67032
AND ANNUTIVE CONSIDERATIONS October 1 (Corug and Individual)		DIRECT PREMILING		1		2 Credit Life		3		4		5
1. Life Insurance 2. Annully considerations 3. Deposit type contract funds 3. Deposit type contract funds 3. Deposit type contract funds 4. Other considerations 5. Totals (sum of Lines 1 to 4) 6.1 Paid cash or life in deposit 6.1 Paid cash or life in deposit 6.2 Applied to provide paid-up additions or shorten the endowment or premium paying period 6.4 Other 7. Applied to provide paid-up annulles 7.1 Paid in cash or life in deposit 7.1 Paid in cash or life in deposit 7.1 Paid in cash or life in deposit 7.1 Totals (sum of Lines 6.1 to 6.4) 8.5 Totals (sum of Lines 6.1 to 6.4) 8.5 Totals (sum of Lines 7.1 to 7.3) 8.6 Grand Totals (Lines 6.2 piss 7.4) 9. DIRECT CLAIMS AND EXPETTS PAID 9. Death beaments 10. Matured endowments 11. Annully benefits end with threads of life contracts 12. Sumender values and withtraveid for life contracts 13. Aggregative white is for miscaltained and health 14. All other benefits, except accident and health 15. Totals 16. Unpaid December 31, prory year 17. Source of cash of through 1303 plus 1398 (Line 18. ADDIANTURED 19. ADD				Ordina	arv		lual)	Group		Industrial		Total
3. Deposit spee contract funds	1.					· ·						
4. Other considerations											l l	
Direct Or Lines 1 to 4 Direct Or Lines 1 to 5 Direct Or Lines 1 to 5 Direct Or Lines 1 to 5 Direct Or Lines 6 Direct Or	3.											
DIRECT DIVIDENDS TO POLICYHOLDERS												
Life Insurance:												
6.1 Padd in cash or left on deposit			JLDEKS									
6.2. Applied to paye remarkal premiums 6.3. Applied to provide paid applied provide paid applied provide paid applied provide paid applied to provide paid applied paid-to premium payed paid to provide paid applied paid-to particular paid paid paid applied paid-to particular particular paid paid paid paid particular particular paid paid paid paid particular part	Lile											
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period												
Shorten the endowment or premium paying period												
6.3 Totals (sum of lines 6.1 to 6.4) Annulties: 7.1 Pad in cash or left on deposit 7.2 Applied to provide paid-up annulties 7.3 Other 7.4 Totals (sum of lines 7.1 to 7.3) 8. Grand Totals (lines 6.5) bits 7.49 DIRECT CLAINS AND BENEFITS PAID 9. Death benefits 10. Mutured endowments 11. Annulty benefits 12. Sumender values and withdrawals for life contracts 13. Aggregate which is nor inscellation. 14. All other benefits, except accident and health 15. Totals DIFFALLS OF WRITE-INS 1301 1302 1303 1303 1303 1303 1304 1305 1309 1309 1309 1309 1301 1309 1301 1302 1303 1303 1303 1303 1304 1309 1309 1301 1302 1303 1303 1303 1303 1304 1305 1306 1307 1308 1307 1309 1309 1309 1309 1309 1309 1309 1309		shorten the endowment or prem	nium -									
Section Company Continues Company Continues Company Continues Company Continues Company Continues Company Continues Contin												
Annubities:												
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid up nonulities 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3)		,										
7.2 Applied to provide paid-up annulities 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3)	Annı											
7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAMS AND BENEFITS PAID 9. Death benefits 1. Annuty benefits, except accident and health 1. Totals 1. Totals 1. All other benefits, except accident and health 1. Totals (Lines 1301 through 1303 plus 1388) (Line 13 above) 1. Totals (Lines 1301 through 1303 plus 1388) (Line 13 above) 1. Totals (Lines 1301 through 1303 plus 1388) (Line 13 above) 1. Totals (Lines 1301 through 1303 plus 1388) (Line 13 above) 1. Totals (Lines 1301 through 1303 plus 1388) (Line 13 above) 1. Totals (Lines 1301 through 1303 plus 1388) (Line 13 above) 1. Totals (Lines 1301 through 1303 plus 1388) (Line 13 above) 1. Totals (Lines 1301 through 1303 plus 1388) (Line 13 above) 1. Totals (Lines 1301 through 1305 plus 1388) (Line 13 above) 1. Totals (Lines 1301 through 1305 plus 1388) (Line 13 above) 1. Totals (Lines 1301 through 1305 plus 1388) (Line 13 above) 1. Lines (Lines 1301 through 1305 plus 1388) (Line 13 above) 1. Lines (Lines 1301 through 1305 plus 1388) (Line 13 above) 1. Lines (Lines 1301 through 1305 plus 1388) (Line 1301 plus												
7.4 Totals (sum of Lines 7.1 to 7.3)												
B. Grand Totals (Lines 6.5 plus 7.4)												
DIRECT CLAIMS AND BENEFITS PAID	8.	Grand Totals (Lines 6.5 plus 7.4)										
10. Matured endowments		DIRECT CLAIMS AND BENEFITS	PAID									
11. Annuity benefits	9.											
12 Surrender values and withdrawals for life contracts												
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		•										
Claims and benefits paid				•								
14. All other benefits, except accident and health	10.	claims and benefits paid										
DETAILS OF WRITE-INS	14.											
1301	15.	Totals										
1302	DETA	AILS OF WRITE-INS										
1398 Summary of remaining write-ins for Line 13 from overflow page												
1												
1 Ordinary Group and Individual) Group Industrial Total												
1399. Totals (Lines 1301 through 1303 plus 1398) (Line	1000.											
1 1 2 3 4 5 6 7 8 9 10	1399.	Totals (Lines 1301 through 1303 plus	1398) (Line									
DIRECT DEATH BENEFITS												
1 2 3 4 5 6 7 8 9 10		1				Credit Life						
DIRECT DEATH BENEFITS						up and Individual)						
DIRECT DEATH BENEFITS			1	2	T	4	5	ь	_ ′	8	9	10
AND MATURED Number Amount S Group Certifs Amount Ficates Amount Number Amount Numb		DIRECT DEATH BENEFITS			1		No of					
16. Unpaid December 31, prior year 3 212					1		1					
17. Incurred during current year		ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
Settled during current year:	16.	Unpaid December 31, prior year									1	212
18.1 By payment in full	17.		(1)	8							(1)	8
18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 20. In force December 31, prior year 7 21. Issued during year 22. Other changes to in force (Net) (2) (21,000) (9,569,939) (22) (9,590,938)	10.1											
18.3												
18.4 Reduction by compromise 18.5 Amount rejected 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) 2 220 20. In force December 31, prior year 7 25,163 21. Issued during year 2 25,163 22. Other changes to in force (Net) (2) (21,000)												
18.5 Amount rejected	18.4	•			1							
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	18.5	•										
16 + 17 - 18.6)	18.6											
POLICY EXHIBIT 20. In force December 31, prior year 7 25,163 (a) 27,746,612 7 27,771,77 21. Issued during year 22. Other changes to in force (Net) (2) (21,000) (9,590,939) (2) (9,590,939)	19.			000							_	000
POLICY EXHIBIT Policies 20. In force December 31, prior year 7 25,163 (a) 27,746,612 7 27,771,77 21. Issued during year 22. Other changes to in force (Net) (2) (21,000) (9,569,939) (2) (9,590,938)		16 + 17 - 18.6)	2	220			1				2	220
20. In force December 31, prior year 7 25,163 (a) 27,746,612 7 27,771,77 21. Issued during year 22. Other changes to in force (Net) (2) (21,000) (9,569,939) (2) (9,590,939)		POLICY EXHIBIT					1					
21. Issued during year	20		7	25 163		(a)		27 746 612			7	97 771 77F
22. Other changes to in force (Net) (2) (21,000)	21.				1	` '		27,740,012			[21,111,113
	22.		(2)					(9,569,939)			(2)	(9,590,939)
	23.	In force December 31 of current										

.... 4,163

ACCIDENT AND HEALTH INSURANCE

18,176,673

	ACCIDENT	ANDILALI	II IIIOUNAIIO	' L		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF WISCONSIN

DURÍNG THE YEAR 2009

INAI	C Group Code: 0000				LIFE INSURA	NCE		INA		y Code: 6/032			
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordina	2007	2 Credit Life (Group and Individ	ual)	3 Group		4 Industrial		5 Total		
1.							<u> </u>						
2.	Life Insurance												
3.	Deposit-type contract funds								· · · · · · · · · · · · · · · · · · ·				
3. 4.	Other considerations												
5.											38		
_	Totals (sum of Lines 1 to 4)			30									
	IRECT DIVIDENDS TO POLICYHO	DLDERS											
Life I	nsurance:												
	6.1 Paid in cash or left on deposit										48		
	6.2 Applied to pay renewal premiun												
	6.3 Applied to provide paid-up addit												
	shorten the endowment or prem	nium -											
	paying period												
	6.4 Other												
	6.5 Totals (sum of Lines 6.1 to 6.4)			48							48		
Annu	ıities:												
	7.1 Paid in cash or left on deposit												
	7.2 Applied to provide paid-up annu	iities											
	7.3 Other												
	7.4 Totals (sum of Lines 7.1 to 7.3)												
8.	Grand Totals (Lines 6.5 plus 7.4)			48							48		
	DIRECT CLAIMS AND BENEFITS												
9.	Death benefits												
10.	Matured endowments												
11.	Annuity benefits												
12.	Surrender values and withdrawals for I	ife contracts	i .										
13.	Aggregate write-ins for miscellaneous	direct											
	claims and benefits paid												
14.	All other benefits, except accident and												
15.	Totals												
DET	AILS OF WRITE-INS					· ·							
1301.													
1301.													
1303.													
1390.	Summary of remaining write-ins for Lin												
1200	overflow page												
1399.	Totals (Lines 1301 through 1303 plus												
-	13 above)												
	1				Credit Life		_						
			Ordinary	,	ıp and Individual)	_	Group		ndustrial		Total		
		1 1	2	3	4	5	6	7	8	9	10		
				No. of									
	DIRECT DEATH BENEFITS			Ind.Pols		No. of							
	AND MATURED			& Group		Certi-							
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount		
16.	Unpaid December 31, prior year	1	1,240							1	1,240		
17.	Incurred during current year	3	642							3	642		
	Settled during current year:												
18.1	By payment in full												
18.2	By payment on compromised claims .												
18.3	Totals paid												
18.4	Reduction by compromise												
18.5	Amount rejected												
18.6	Total settlements												
19.	Unpaid Dec. 31, current year (Lines												
1	16 + 17 - 18.6)	4	1,882							4	1,882		
	,		· · · · · · · · · · · · · · · · · · ·			No. of							
	POLICY EXHIBIT					Policies							
20.	In force December 31, prior year	36	43,440		(a)					36	44,263,490		
21.	Issued during year								1				
22.	Other changes to in force (Net)		(500)				(27,151,711)			(1)	(27,152,211)		
23.	In force December 31 of current	(./	(550)				(=:,:•:,::1)				' (= : , : v= ,= : : /		
20.	year	35	42,940		(a)		17,068,339			35	17,111,279		
	Joan		72,040		(· · · · · · · · · · · · · · · · · · ·	1	17,000,000			1	11,111,213		

		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	()ther Individual Policies					
25.1	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	All other (b)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF WYOMING

NAIC Group Code: 0000 LIFE INSURANCE

DURING THE YEAR 2009 NAIC Company Code: 67032

DIDECT DDEMILING		1	·			3		4		5	
	DIRECT PREMIUMS		Ordina	an.	Credit Life	ual)	Croup		Industrial		Total
1.	AND ANNUITY CONSIDERATIONS Life Insurance		Ordina		(Group and Individ		Group		industriai		TOLAI
2.	Annuity considerations										
3.	Deposit-type contract funds				X X X				X X X		
4.	Other considerations										
5.	Totals (sum of Lines 1 to 4)IRECT DIVIDENDS TO POLICYHO										
1	INECTI DIVIDENDO TO POLICTAC nsurance:	PLDEKS									
Lile	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit										
	shorten the endowment or prem										
	paying period										
	6.5 Totals (sum of Lines 6.1 to 6.4)										
Annı	,										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu	uities									
	7.3 Other										
8.	7.4 Totals (sum of Lines 7.1 to 7.3) Grand Totals (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous claims and benefits paid										
14.	All other benefits, except accident and										
15.	Totals										
DETA	AILS OF WRITE-INS										
1301.											
1302.											
	Summary of remaining write-ins for Lin										
1330.	overflow page	ie io iioiii									
1399.	Totals (Lines 1301 through 1303 plus	1398) (Line									
	13 above)										
	1				Credit Life						
			Ordinary	(Grou	up and Individual)	5	Group	7	ndustrial	9	Total
		1	2	No. of	4	٥	6	/	8	9	10
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	Totals paid										
18.4 18.5	Reduction by compromise										
18.6	Amount rejected										
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)					<u> </u>					
						No. of					
00	POLICY EXHIBIT				()	Policies	10.002.001				40.00= 55
20.	In force December 31, prior year	3	3,686		(a)		10,232,211			3	10,235,897
21. 22.	Other changes to in force (Net)						(3,582,209)				(3,582,209)
23.	In force December 31 of current						(0,002,200)				(0,002,200)
	year	3	3,686		(a)		6,650,002			3	6,653,688

	ACCIDEN	I AND DEALI	I INSURANC	, ⊏		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF AMERICAN SAMOA

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

DIDECT DESIGNAT		1	1			3		4		5	
	DIRECT PREMIUMS				Credit Life						-
1.	AND ANNUITY CONSIDERATIONS		Ordina	,	(Group and Individ		Group		Industrial		Total
1. 2.	Life Insurance										
3.	Deposit-type contract funds				XXX				X X X	1	
4.	Other considerations										
5.	Totals (sum of Lines 1 to 4)										
D	IRECT DIVIDENDS TO POLICYHO										
	nsurance:										
	6.1 Paid in cash or left on deposit.		.								
	6.2 Applied to pay renewal premiun										
	6.3 Applied to provide paid-up addition										
	shorten the endowment or prem										
	paying period										
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4)										
Annı	uities:										
	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu					I					
	7.3 Other 7.4 Tatala (2009 of Lines 7.4 to 7.2)					I					
8.	7.4 Totals (sum of Lines 7.1 to 7.3)		1			I					
0.	Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments		1								
11.	Annuity benefits										
12.	Surrender values and withdrawals for I	life contracts									
13.	Aggregate write-ins for miscellaneous										
	claims and benefits paid										
14.	All other benefits, except accident and										
15.	Totals										
DET/	AILS OF WRITE-INS										
1301.	write-in description 1 for line 13										
	write-in description 2 for line 13										
	write-in description 3 for line 13										
1398.	Summary of remaining write-ins for Lin										
4200	overflow page										
1399.	Totals (Lines 1301 through 1303 plus										
	13 above)				Credit Life						
	ı	0	rdinary	l	ip and Individual)		Group		ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
		'	-	No. of	'				Ŭ	· ·	10
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3 18.4	Totals paid Reduction by compromise										
18.5	Amount rejected	········									
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)	[
	,					No. of					
	POLICY EXHIBIT					Policies					
20.	In force December 31, prior year				(a)						
21.	Issued during year	[
22.	Other changes to in force (Net)	[

year (a).

ACCIDENT AND HEALTH INSURANCE

..0.

		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,711, and number of persons insured under indemnity only products8,081.

persons insured under indemnity only products ...

23.

In force December 31 of current



DIRECT BUSINESS IN THE STATE OF GUAM

NAIC Group Code: 0000 LIFE INSURANCE

DURING THE YEAR 2009 NAIC Company Code: 67032

			1		2			3		4		5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		Ordina	an.	Credit Life (Group and Individ	ual)		Group		Industrial		Total
1. Lif	fe Insurance		_	,	· · ·			Group		IIIuustiiai		10tai
2. Ar	nuity considerations											
	eposit-type contract funds									X X X		
	ther considerationsther considerations											
	ECT DIVIDENDS TO POLICYHO											
Life Ins												
6.1												
6.2	LL											
0.0	shorten the endowment or prem											
	paying period											
6.4												
6.5												
Annuitie												
7.2												
7.3	3 Other											
7.4	,											
	rand Totals (Lines 6.5 plus 7.4) RECT CLAIMS AND BENEFITS											
1	eath benefits		.									
	atured endowments											
11. Ar	nnuity benefits	· · · · · · · · · · · · · · · · · · ·										
	urrender values and withdrawals for liggregate write-ins for miscellaneous											
	aims and benefits paid											
14. All	I other benefits, except accident and	health										
	otals											
	S OF WRITE-INS		1		1							
	ite-in description 1 for line 13 ite-in description 2 for line 13											
	rite-in description 3 for line 13											
	ummary of remaining write-ins for Lin											
1	rerflow page											
1	otals (Lines 1301 through 1303 plus 13 above)	, ,										
	1				Credit Life							
			rdinary	` `	up and Individual)		Gr	roup		ndustrial		Total
		1	2	3 No. of	4	5		6	7	8	9	10
	DIRECT DEATH BENEFITS			Ind.Pols		No. of	f					
	AND MATURED			& Group		Certi-						
10 11	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	3	Amount	Number	Amount	Number	Amount
	npaid December 31, prior year curred during current year						:: ··					
	Settled during current year:											
	y payment in full											
18.2 By	y payment on compromised claims . Totals paid											
1	eduction by compromise											
1	mount rejected											
18.6	Total settlements											
	npaid Dec. 31, current year (Lines 6 + 17 - 18.6)											
	0 · 11 · 10.0/					No. of	· · · · ·					
	POLICY EXHIBIT					Policie						
	force December 31, prior year		1,000		(a)			3,722,207			1	3,723,207
	sued during yearther changes to in force (Net)							(3,722,207)				(3,722,207)
1	rifler changes to in force (Net)							(3,122,201)				(0,722,207)
	ear	1	1,000		(a)						1	1,000

		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					

ACCIDENT AND HEALTH INSURANCE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.

Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

26.



DIRECT BUSINESS IN THE STATE OF PUERTO RICO

DURING THE YEAR 2009 NAIC Group Code: 0000 LIFE INSURANCE

INA	C Group Code. 0000				LIFE INSURA	IVCL		INA		Code.	01002
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordin	on.	2 Credit Life (Group and Individ	ual)	3 Group		4 Industrial		5 Total
<u> </u>			Ordin		<u> </u>						
1. 2.	Life Insurance				1						
3.	Deposit-type contract funds								X X X	1	
4.	Other considerations										
5.	Totals (sum of Lines 1 to 4)										
Г	IRECT DIVIDENDS TO POLICYHO										
1	Insurance:	LDLING									
Lile	6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premium										
	6.3 Applied to provide paid-up addit shorten the endowment or prem	ions or nium -									
	paying period										
	6.5 Totals (sum of Lines 6.1 to 6.4)										
Ann	uities:										
	7.1 Paid in cash or left on deposit										
	7.2 Applied to provide paid-up annu										
	7.3 Other										
	7.4 Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11. 12.	Annuity benefits										
13.	Aggregate write-ins for miscellaneous		' -								
13.	claims and benefits paid	JIIECI									
14.	All other benefits, except accident and										
15.	Totals										
DET	AILS OF WRITE-INS										
	write-in description 1 for line 13										
	write-in description 2 for line 13										
	write-in description 3 for line 13										
	Summary of remaining write-ins for Lin										
1000	overflow page										
1399	Totals (Lines 1301 through 1303 plus 1										
1000	13 above)										
	1				Credit Life			1			
	·		Ordinary	(Grou	up and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims .										
18.3	Totals paid										
18.4	Reduction by compromise						.				
18.5	Amount rejected										
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines										
-	16 + 17 - 18.6)					No of					
	POLICY EXHIBIT					No. of Policies					
20.		3	3,000		(2)	Folicies	17,661,493	1		3	17,664,493
21.	In force December 31, prior year Issued during year				(a)			'		3	17,004,493
22.	Other changes to in force (Net)						(4= 004 400)				(17,661,493)
23.	In force December 31 of current										(17,001,700)

..0.

	ACCIDEN	I AND HEALI	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF U.S. VIRGIN ISLANDS

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032 DIRECT PREMIUMS Credit Life AND ANNUITY CONSIDERATIONS Ordinary (Group and Individual) Group Industrial Total 1. 2. 3. Life Insurance Annuity considerations ... Deposit-type contract funds X X X X X X

4.	Other considerations	 	 	
5.	Totals (sum of Lines 1 to 4)	 	 	
	DIRECT DIVIDENDS TO POLICYHOLDERS			
Life	Insurance:			
	6.1 Paid in cash or left on deposit			
	6.2 Applied to pay renewal premiums			
	6.3 Applied to provide paid-up additions or	 	 	
	shorten the endowment or premium -			
	paying period			
	6.4 Other	 	 	
١.	6.5 Totals (sum of Lines 6.1 to 6.4)	 	 	
Ann	uities:			
	7.1 Paid in cash or left on deposit7.2 Applied to provide paid-up annuities	 	 	
	7.2 Applied to provide paid-up annuities	 	 	
	7.3 Other	 	 	
	7.4 Totals (sum of Lines 7.1 to 7.3)	 	 	
8.	Grand Totals (Lines 6.5 plus 7.4)			
	DIRECT CLAIMS AND BENEFITS PAID			
9.				
10.	Death benefits	 	 	
111.	Annuity benefits			
12.	Surrender values and withdrawals for life contracts.			
13.	Aggregate write-ins for miscellaneous direct			
1	claims and benefits paid			
14.	All other benefits, except accident and health	 	 	

13	301. write-in description 1 for line 13										
1;	302. write-in description 2 for line 13										
1;	301. write-in description 1 for line 13										
1;	398. Summary of remaining write-ins for Lin	e 13 from									
	overflow page										
1:	399. Totals (Lines 1301 through 1303 plus 1										
'	13 above)										
	1				Credit Life						
			Ordinary	(Grou	p and Individual)		Group	ı	ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
10	6. Unpaid December 31, prior year										
1	7. Incurred during current year										
	Settled during current year:										
18	8.1 By payment in full										
18	8.2 By payment on compromised claims .										
118	8.3 Totals paid										

23. In force December 31 of current year

(a).

ACCIDENT AND HEALTH INSURANCE

No. of

Policies

.... 1,424,314

(1,424,314)

..... 1,424,314

.... (1,424,314)

	ACCIDEN	I AND HEALI	II IIIOUIAIIO	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of

persons insured under indemnity only products

Reduction by compromise

Amount rejected

Unpaid Dec. 31, current year (Lines

In force December 31, prior year ...

POLICY EXHIBIT

Total settlements

16 + 17 - 18.6)

Issued during year . Other changes to in force (Net)

Totals **DETAILS OF WRITE-INS**

18.4

18.5 18.6

19.

20.

21.

22.



DIRECT BUSINESS IN THE STATE OF CANADA

LIFE INSURANCE

DURING THE YEAR 2009

NAI	C Group Code: 0000				LIFE INSURA	ANCE		NA	IC Company	Code:	67032
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordina	arv	2 Credit Life (Group and Indivi	dual)	3 Group		4 Industrial		5 Total
1.	Life Insurance										
2.	Annuity considerations								· · · · · · · · · · · · · · · · · · ·	I	
3. 4.	Deposit-type contract funds Other considerations								X X X		
5.	Totals (sum of Lines 1 to 4)										
D	IRECT DIVIDENDS TO POLICYHO	DLDERS									
Life I	nsurance:										
	6.1 Paid in cash or left on deposit.										
	6.2 Applied to pay renewal premiur6.3 Applied to provide paid-up addi shorten the endowment or pren	tions or nium -									
	paying period										
	6.5 Totals (sum of Lines 6.1 to 6.4)										
Annı	uities:										
	7.1 Paid in cash or left on deposit .7.2 Applied to provide paid-up annum	uities									
	7.3 Other										
8.	Grand Totals (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS	PAID									
9.	Death benefits										
10. 11.	Matured endowments Annuity benefits										
12.	Surrender values and withdrawals for l	ife contracts									
13.	Aggregate write-ins for miscellaneous										
14.	claims and benefits paid										
15.	Totals										
DET	AILS OF WRITE-INS										
	write-in description 1 for line 13										
	write-in description 2 for line 13 write-in description 3 for line 13										
1398.	Summary of remaining write-ins for Lir	ne 13 from									
	overflow page										
1399.	Totals (Lines 1301 through 1303 plus 13 above)										
	1		Ordinary	(Grou	Credit Life up and Individual)		Group		Industrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS AND MATURED			No. of Ind.Pols & Group		No. of Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16. 17.	Unpaid December 31, prior year Incurred during current year										
18.1	Settled during current year: By payment in full										
18.2	By payment on compromised claims .										
18.3	Totals paid										
18.4	Reduction by compromise	1									
18.5	Amount rejected										
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
	POLICY EXHIBIT					No. of					
20.	In force December 31, prior year	3	2,779		(a)					3	2,779
21.	Issued during year										
22. 23.	Other changes to in force (Net) In force December 31 of current										
20.	year	3	2,779		(a)					3	2,779
							_	_			

	ACCIDENT	I AND HEALI	11 11400117-140	<i>,</i> _		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Omer morvional Policies					
25.1	Non-cancelable (b)					
25.2	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26	Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF OTHER ALIEN

NAIC Group Code: 0000 LIFE INSURANCE NAIC Company Code: 67032

INAI	C Group Code: 0000				LIFE INSURA	AINCE		INA	C Company	Code:	6/032
	DIRECT PREMIUMS		1		2 Credit Life		3		4		5
	AND ANNUITY CONSIDERATIONS		Ordin	- ,	(Group and Individ		Group		Industrial		Total
1.	Life Insurance										
2.	Annuity considerations								······································		
3. 4.	Deposit-type contract funds								X X X		
4. 5.	Other considerations							l l			
-											
	PIRECT DIVIDENDS TO POLICYHO	DLDEKS									
LITE I	Insurance:										
	6.1 Paid in cash or left on deposit										
	6.2 Applied to pay renewal premius										
	6.3 Applied to provide paid-up add shorten the endowment or prer	mium -									
	paying period										
	6.4 Other										
	6.5 Totals (sum of Lines 6.1 to 6.4))									
Annu	uities:										
	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up ann										
	7.3 Other										
•	7.4 Totals (sum of Lines 7.1 to 7.3)										
8.	Grand Totals (Lines 6.5 plus 7.4)										
	DIRECT CLAIMS AND BENEFITS										
9.	Death benefits										
10.	Matured endowments										
11.	Annuity benefits										
12.	Surrender values and withdrawals for		s .								
13.	Aggregate write-ins for miscellaneous claims and benefits paid	airect									
14.	All other benefits, except accident and										
15.	Totals										
	AILS OF WRITE-INS										
	write-in description 1 for line 13										
	write-in description 2 for line 13 write-in description 3 for line 13										
	Summary of remaining write-ins for Li										
1000.	overflow page										
1300	Totals (Lines 1301 through 1303 plus										
1000.	13 above)										
	1	1			Credit Life	1					
	·		Ordinary	(Gro	up and Individual)		Group		ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
				No. of							
	DIRECT DEATH BENEFITS			Ind.Pols		No. of					
	AND MATURED			& Group		Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17.	Incurred during current year										
	Settled during current year:										
18.1	By payment in full										
18.2	By payment on compromised claims										
18.3	Totals paid										
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements										
19.	Unpaid Dec. 31, current year (Lines										
	16 + 17 - 18.6)										
						No. of					
	POLICY EXHIBIT	1				Policies	1				ļ
20.	In force December 31, prior year				(a)		8,450,930				8,450,930
21.	Issued during year										
22.	Other changes to in force (Net)						(8,450,930)				(8,450,930
23.	In force December 31 of current				(a)						

..0.

ACCIDENT AND HEALTH INSURANCE

	ACCIDEN	I AND DEALI	I INSURANC	, ⊏		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b) Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.1	Federal Employees Health Benefits Program Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b) Other accident only All other (b) Totals (sum of Lines 25.1 to 25.5)					
25.6	Totals (sum of Lines 25.1 to 25.5)					
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products0, and number of persons insured under indemnity only products0.



9 . 2,306,465,179 . 186,366 85,887,990 . 293,287 ... 3,191,722,249

DIRECT BUSINESS IN THE STATE OF GRAND TOTAL

NAIC Group Code: 0000

LIFE INSURANCE

DURING THE YEAR 2009 NAIC Company Code: 67032

INAI	C Group Code. 0000				LIFE INSURA	INCE		INAI	C Company	Coue.	07032
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordina	ary	2 Credit Life (Group and Individ	ual)	3 Group		4 Industrial		5 Total
1.	Life Insurance							641		09	18.098.092
2.	Annuity considerations										260,726
3.	Deposit-type contract funds				X X X				X X X		
4.	Other considerations										
5.	Totals (sum of Lines 1 to 4)			14,365,567			3,498,	641	494,60	09	18,358,817
D	IRECT DIVIDENDS TO POLICYHO	DLDERS									
Life I	nsurance:										
	6.1 Paid in cash or left on deposit.			137,749							137,749
	6.2 Applied to pay renewal premiun	ns									
	6.3 Applied to provide paid-up addit										
	shorten the endowment or pren										
	paying period										
	6.4 Other										
_	6.5 Totals (sum of Lines 6.1 to 6.4)			452,700					(5	4)	452,647
Annu	iities:										
	7.1 Paid in cash or left on deposit.										
	7.2 Applied to provide paid-up annu 7.3 Other									1	
	7.3 Other										
8.	Grand Totals (Lines 6.5 plus 7.4)										
_	DIRECT CLAIMS AND BENEFITS			432,700					(3	4)	452,047
9.	Death benefits	PAID		6 817 385			2 571	507	817 O	76	10 206 250
10.	Matured endowments			69 365			2,571,	331	291 56	37	360.932
11.	Annuity benefits										
12.	Surrender values and withdrawals for I										
13.	Aggregate write-ins for miscellaneous	direct									
	claims and benefits paid										
14.	All other benefits, except accident and	health									
15.	Totals			8,910,025			2,571,	597	1,489,03	38	12,970,660
DETA	AILS OF WRITE-INS										
1301.	write-in description 1 for line 13										
1302.	write-in description 2 for line 13										
	write-in description 3 for line 13										
1398.	Summary of remaining write-ins for Lin	ne 13 from									
	overflow page										
1399.	Totals (Lines 1301 through 1303 plus										
	13 above)										
	1				Credit Life						
			Ordinary	`	up and Individual)		Group		ndustrial		Total
		1	2	3	4	5	6	7	8	9	10
	DIDECT DEATH DENEETO			No. of		NIf					
	DIRECT DEATH BENEFITS AND MATURED			Ind.Pols & Group		No. of Certi-					
	ENDOWMENTS INCURRED	Number	Amount	Certifs.	Amount	ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year	3,412	1,525,768		Amount	14		26,838	2,625,582	30,264	4,363,350
17.	Incurred during current year		7,481,380			49		3,071	1,158,273	5,067	10,603,688
	Settled during current year:							0,01	,,	0,001	
18.1	By payment in full	1,680	7,111,244			50	1,991,186	1,321	920,787	3,051	10.023.217
18.2	By payment on compromised claims .	4								4	1,641
18.3	Totals paid	1,684	7,112,885			50	1,991,186	1,321	920,787	3,055	10,024,858
18.4	Reduction by compromise		23,359								23,359
18.5	Amount rejected										
18.6	Total settlements	1,684	7,136,244			50	1,991,186	1,321	920,787	3,055	10,048,217
19.	Unpaid Dec. 31, current year (Lines							00		00.5=-	,
	16 + 17 - 18.6)	3,675	1,870,904			13	184,850	28,588	2,863,068	32,276	4,918,822
						No. of					
	POLICY EXHIBIT	100				Policies		1-6-			
20.	In force December 31, prior year	. 106,668	802,120,588		(a)	14	1 ' ' '	. 176,359	75,891,593	. 283,041	5,638,866,273
21.	Issued during year	6,891	102,973,489				402,000	10.007	0.006.207	6,891	103,375,489
22. 23.	Other changes to in force (Net)	(6,647)	(105,724,997)			(5)	(2,454,790,913)	10,007	9,996,397	3,355	(2,550,519,513)
۷٥.	In force December 31 of current	106 912	799 369 080		(a)	۵	2 306 465 179	186 366	85 887 990	203 227	3 191 722 249

799,369,080

. 106,912

ACCIDENT AND HEALTH INSURANCE

(a).

	ACCIDENT	I AND HEALT	H INSURANC	· C		
		1	2	3	4	5
				Dividends Paid		
			Direct	Or Credited On	Direct	Direct
		Direct Premiums	Premiums Earned	Direct Business	Losses Paid	Losses Incurred
24.	Group Policies (b)	3,216,541	3,061,794		2,721,377	2,900,485
24.1	Federal Employees Health Benefits Program Premium (b) Credit (Group and Individual) Collectively Renewable Policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies					
25.1	Non-cancelable (b)	2,761	1,945			10,595
25.2	Non-cancelable (b)	59,021	31,086		30,795	30,978
25.3	Non-renewable for stated reasons only (b)		95			
25.4	Non-renewable for stated reasons only (b) Other accident only					
25.5	All other (b)	277,524	953		310,140	307,244
25.6	All other (b) Totals (sum of Lines 25.1 to 25.5)	339,307	34,078		351,530	348,817
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,555,848	3,095,872		3,072,907	3,249,302

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,711, and number of persons insured under indemnity only products8,081.

persons insured under indemnity only products ..

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

		1
		Amount
1.	Reserve as of December 31, Prior Year	(519,032)
2.	Current Year's Realized Pre-Tax capital gains/(losses) of \$832,916 Transferred into the Reserve Net of Taxes of	
	\$0.	832,916
3.	Adjustment for current year's liability gains/(losses) released from the reserve	
4.	Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	313,884
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	207,925
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	105,959

AMORTIZATION

		1	2	3	Δ
			Current Year's	Adjustment for	7
			Realized Capital	Current Year's	Balance Before
			Gains/(Losses)	Liability	Reduction
		Reserve as of	Transferred into the	Gains/(Losses)	for Current Year's
		December 31,	Reserve Net of	Released	Amortization
	Year of Amortization	Prior Year	Taxes	From the Reserve	(Columns 1 + 2 + 3)
1.	2009	72,503		rioni the Reserve	
2.	2010	25,550	· ·		243,478
3.		10,938			229,422
3. 4.		(18,315)	· '		157,238
5.		(215,177)	107,843		(107,334)
6.	2013	, , ,	22,407		, , ,
7.	2014	(48,589) (47,926)			(26,182)
8.	2016	, ,	18,534		(41,370)
o. 9.	2016	(59,904)	9,900		(97,920)
9. 10.	2017	(107,820)	2,685		(106,821)
11.		, ,	· ·		, ,
12.	2019	, ,	, ,		(100,443)
13.	2020	, ,	, ,		(96,595)
14.		(50,737)	, , ,		(57,284)
		32,516			25,977
15. 16.	2023 2024	54,804	(' '		48,144
17.	2025	58,982	, ,		52,191 48,530
17.		55,619	\ ' '		29,941
18.	2026	37,504	\ ' '		,
20.	2027	, ,	(8,154)		(21,314)
21.	2028	, ,	, ,		(17,353)
	2029	, ,	(7,451)		(12,151)
22.	2030	(4,746)	(6,384)		(11,130)
23.	2031	(4,257)	(5,338)		(9,595)
24.	2032	(3,736)	(4,304)		(8,040)
25.	2033	210	(3,271)		(3,061)
26.	2034	3,011	(2,229)		
27.		3,308	\ ' '		2,144
28.	2036	,	\ /		
29.	2037	,			3,598
30.	2038	1,479			1,479
31.	2039 and later				
32.	TOTAL (Lines 1 to 31)	(519,035)	832,917		313,882

ASSET VALUATION RESERVE

		Default Component			Equity Component		7
	1	2	3	4	5	6	
	Other than				Real Estate		
	Mortgage	Mortgage	Total	Common	and Other	Total	Total Amount
	Loans	Loans	(Columns 1 + 2)	Stock	Invested Assets	(Columns 4 + 5)	(Columns 3 + 6)
1. Reserve as of December 31, prior year	201,206	273,714	474,920	132,319	1,413	133,732	608,652
2. Realized Capital Gains/(Losses) Net of Taxes - General Account	(2,086,497)		(2,086,497)	471,884		471,884	(1,614,613)
3. Realized Capital Gains/(Losses) Net of Taxes - Separate Accounts							
4. Unrealized Capital Gains/(Losses) Net of Deferred Taxes - General Account				(600,303)		(600,303)	(600,303)
5. Unrealized Capital Gains/(Losses) Net of Deferred Taxes - Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic Contribution							243,359
8. Accumulated Balances (Lines 1 through 5, minus 6 plus 7)	(1,747,462)	379,244	(1,368,218)	3,900	1,413	5,313	(1,362,905)
9. Maximum Reserve			926,499	52,200		52,200	978,699
10. Reserve Objective	415,643	198,297	613,940				666,140
11. 20% of (Line 10 - Line 8)	432,621		396,432		. ,	9,377	405,809
12. Balance Before Transfers (Lines 8 + 11)	(1,314,841)	343,055	(971,786)	13,560	1,130	14,690	(957,096)
13. Transfers	26,016	(26,016)					X X X
14. Voluntary Contribution							
15. Adjustment down to Maximum/up to Zero					(1,130)	(1,130)	1,283,583
16. Reserve as of December 31, Current Year (Lines 12 + 13 + 14 + 15)		312,927	312,927	13,560	0	13,560	326,487

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

Number nation Description Value Encumbrances Encumbrances Columns 1 + 2 + 3 Factor (Columns 4 x 5 Factor (Columns 4 x 5 Factor Columns 1 + 2 + 3 Factor Columns 4 x 5 Factor Columns 1 + 2 + 3 Factor Columns 4 x 5 Factor Columns 1 + 2 + 3 Factor Columns 4 x 5 Factor Column	
NAIC Designation Description Descrip	ive Maximum Reserve
Line Designation Description Description Description Description Description Value Encumbrances Encumbrances Columns 1 - 2 + 3) Factor Columns 4 x 5 Factor Columns 4 x 5 Factor Columns 4 x 5	8 9 10
Number nation Description Value Encumbrances Encumbrances Columns 1 + 2 + 3 Factor (Columns 4 x 5) Factor (Columns 1 + 2 + 3)	
LONG-TERM BONDS Long-Term Bonds Securities Securi	Amount Amount
1. Exempt Obligations 34,354,433 XXX XXX 34,354,433 0.0000 0.0000 0.0000	ımns 4 x 7) Factor (Columns 4 x 9)
2.	
3. 2 High Quality 21,763,664 XXX XXX 21,763,664 0.0019 41,351 0.0058 1.0	
4. 3 Medium Quality 5,784,673 XXX XXX 5,784,673 0.0093 53,797 0.0230 1.0	85,594 0.0030 111,645
5. 4 Low Quality	126,229 0.0090 195,873
6. 5 Lower Quality 643,382 XXX XXX 643,382 0.0432 27,794 0.1100 7. 66 In or Near Default XXX XXX XXX 0.0000 0.2000 7. 7. 7. 6 In or Near Default XXX XXX XXX 0.0000 0.0000 0.2000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.	133,047 0.0340 196,679
7. 6 In or Near Default	0.0750
B. TOTAL Unrated Multi-class Securities Acquired by Conversion XXX	70,772 0.1700 109,375
Conversion	0.2000
9. TOTAL Bonds (sum of Lines 1 through 8) (Page 2, Line 1, Net Admitted Asset) PREFERRED STOCKS 10. 1 Highest Quality	
Net Admitted Asset)	XXX
Total Preferred Stocks Preferred Stocks Preferred Stocks Preferred Stocks Preferred Stocks (sum of Lines 10 through 16) Preferred Stocks (sum of Lines 10 through	
10. 1 Highest Quality XXX XXX XXX 0.0004 0.0023 11. 2 High Quality XXX XXX XXX 0.0019 0.0058 12. 3 Medium Quality XXX XXX XXX 0.0093 0.0230 13. 4 Low Quality XXX XXX XXX 0.0213 0.0530 14. 5 Lower Quality XXX XXX XXX 0.0432 0.1100 15. 6 In or Near Default XXX XXX XXX 0.0000 0.2000 16. Affiliated Life with AVR XXX XXX XXX 0.0000 0.0000 17. TOTAL Preferred Stocks (sum of Lines 10 through 16) (Page 2, Line 2.1, Net Admitted Asset) XXX XXX XXX XXX XXX 18. Exempt Obligations 10,117,680 XXX XXX 10,117,680 0.0000 0.0000	415,643 X X X 613,572
11. 2 High Quality XXX XXX XXX 0.0019 0.0058 12. 3 Medium Quality XXX XXX XXX 0.0093 0.0230 13. 4 Low Quality XXX XXX XXX 0.0213 0.0530 14. 5 Lower Quality XXX XXX XXX 0.0432 0.1100 15. 6 In or Near Default XXX XXX XXX 0.0000 0.2000 16. Affiliated Life with AVR XXX XXX XXX 0.0000 0.0000 17. TOTAL Preferred Stocks (sum of Lines 10 through 16) (Page 2, Line 2.1, Net Admitted Asset) XXX XXX XXX XXX 18. Exempt Obligations 10,117,680 XXX XXX 10,117,680 0.0000 0.0000	
12. 3 Medium Quality XXX XXX 0.0093 0.0230 13. 4 Low Quality XXX XXX XXX 0.0213 0.0530 14. 5 Lower Quality XXX XXX 0.0432 0.1100 15. 6 In or Near Default XXX XXX 0.0000 0.2000 16. Affiliated Life with AVR XXX XXX XXX 0.0000 0.0000 17. TOTAL Preferred Stocks (sum of Lines 10 through 16) (Page 2, Line 2.1, Net Admitted Asset) XXX XXX XXX XXX XXX 18. Exempt Obligations 10,117,680 XXX XXX 10,117,680 0.0000 0.0000	0.0030
12. 3 Medium Quality XXX XXX 0.0093 0.0230 13. 4 Low Quality XXX XXX XXX 0.0213 0.0530 14. 5 Lower Quality XXX XXX 0.0432 0.1100 15. 6 In or Near Default XXX XXX 0.0000 0.2000 16. Affiliated Life with AVR XXX XXX XXX 0.0000 0.0000 17. TOTAL Preferred Stocks (sum of Lines 10 through 16) (Page 2, Line 2.1, Net Admitted Asset) XXX XXX XXX XXX XXX 18. Exempt Obligations 10,117,680 XXX XXX 10,117,680 0.0000 0.0000	0.0090
14. 5 Lower Quality XXX XXX XXX 0.0432 0.1100 15. 6 In or Near Default XXX XXX 0.0000 0.2000 16. Affiliated Life with AVR XXX XXX 0.0000 0.0000 17. TOTAL Preferred Stocks (sum of Lines 10 through 16) (Page 2, Line 2.1, Net Admitted Asset) XXX XXX XXX SHORT-TERM BONDS 18. Exempt Obligations 10,117,680 XXX XXX 10,117,680 0.0000 0.0000	0.0340
14. 5 Lower Quality XXX XXX XXX 0.0432 0.1100 15. 6 In or Near Default XXX XXX 0.0000 0.2000 16. Affiliated Life with AVR XXX XXX 0.0000 0.0000 17. TOTAL Preferred Stocks (sum of Lines 10 through 16) (Page 2, Line 2.1, Net Admitted Asset) XXX XXX XXX SHORT-TERM BONDS 18. Exempt Obligations 10,117,680 XXX XXX 10,117,680 0.0000 0.0000	0.0750
16. Affiliated Life with AVR XXX XXX 0.0000 0.0000 17. TOTAL Preferred Stocks (sum of Lines 10 through 16) (Page 2, Line 2.1, Net Admitted Asset) XXX XXX XXX XXX XXX SHORT-TERM BONDS 18. Exempt Obligations 10,117,680 XXX XXX 10,117,680 0.0000 0.0000	0.1700
17. TOTAL Preferred Stocks (sum of Lines 10 through 16) (Page 2, Line 2.1, Net Admitted Asset) XXX X	0.2000
(Page 2, Line 2.1, Net Admitted Asset)	
SHORT-TERM BONDS 10,117,680 X X X	
18. Exempt Obligations	XXX
19. 1 Highest Quality	0.0030
20. 2 High Quality	0.0090
21. 3 Medium Quality	0.0340
22. 4 Low Quality	0.0750
23. 5 Lower Quality	0.1700
24. 6 In or Near Default	0.2000
25. TOTAL Short-term Bonds (sum of Lines 18 through 24)	XXX

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

DEFAULT COMPONENT

			1	2	3	4	Basic C	Contribution	Reserv	e Objective	Maximu	ım Reserve
	NAIC		Book/Adjusted	Reclassify	Add	Balance for AVR	5	6	7	8	9	10
Line	Desig-		Carrying	Related Party	Third Party	Reserve Calculations		Amount		Amount		Amount
Number	nation	Description	Value	Encumbrances	Encumbrances	(Columns 1 + 2 + 3)	Factor	(Columns 4 x 5)	Factor	(Columns 4 x 7)	Factor	(Columns 4 x 9)
		DERIVATIVE INSTRUMENTS										
26.		Exchange Traded			X X X		0.0004		0.0023		0.0030	
27.	1	Highest Quality					0.0004		0.0023		0.0030	
28.	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
29.	3	Medium Quality					0.0093		0.0230		0.0340	
30.	4	Low Quality					0.0213		0.0530		0.0750	
31.	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
32.	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
33.		TOTAL Derivative Instruments		X X X	X X X		X X X		X X X		X X X	
34.		TOTAL (Lines 9 + 17 + 25 + 33)			X X X	109,878,830	X X X	137,829	X X X	415,643	X X X	613,572
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages			X X X		0.0063 (a)				0.0190 (a)	
36.		Residential Mortgages - Insured or Guaranteed	115,834		X X X	115,834	0.0003	35	0.0006	70	0.0010	116
37.		Residential Mortgages - All Other	1,034,953		X X X	1,034,953	0.0013	1,345	0.0030	3,105	0.0040	4,140
38.		Commercial Mortgages - Insured or Guaranteed			X X X		0.0003		0.0006		0.0010	
39.		Commercial Mortgages - All Other	11,094,910		X X X	11,094,910	0.0063 (a)	69,898	0.0120 (a)	133,139	0.0190 (a)	210,803
40.		In Good Standing With Restructured Terms			X X X		0.2800 (b)		0.6200 (b)		1.0000 (b)	
		Overdue, Not in Process:										
41.		Farm Mortgages			X X X		0.0420		0.0760		0.1200	
42.		Residential Mortgages - Insured or Guaranteed			X X X		0.0005		0.0012		0.0020	
43.		Residential Mortgages - All Other	2,658		X X X	2,658	0.0025	7	0.0058	15	0.0090	24
44.		Commercial Mortgages - Insured or Guaranteed			X X X		0.0005		0.0012		0.0020	
45.		Commercial Mortgages - All Other	815,368		X X X	815,368	0.0420	34,245	0.0760	61,968	0.1200	97,844
		In Process of Foreclosure:										
46.		Farm Mortgages			X X X		0.0000		0.1700		0.1700	
47.		Residential Mortgages - Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
48.		Residential Mortgages - All Other			X X X		0.0000		0.0130		0.0130	
49.		Commercial Mortgages - Insured or Guaranteed			X X X		0.0000		0.0040		0.0040	
50.		Commercial Mortgages - All Other					0.0000		0.1700		0.1700	
51.		TOTAL Schedule B Mortgages (sum of Lines 35 through 50)	13,063,723		X X X	13,063,723	X X X	105,530	X X X	198,297	X X X	312,927
		(Page 2, Line 3, Net Admitted Asset)										.
52.		Schedule DA Mortgages			X X X		(c)		(c)		(c)	
53.		TOTAL Mortgage Loans on Real Estate (Lines 51 + 52)	13,063,723		X X X	13,063,723	X X X					312,927

⁽a) Times the company's experience adjustment factor (EAF).
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

EQUITY AND OTHER INVESTED ASSET COMPONENT

	1 2 3 4 Basic Contribution									Objective	Maximun	n Reserve
Line	NAIC Desig-		Book/Adjusted Carrying	Reclassify Related Party	Add Third Party	Balance for AVR Reserve Calculations	5	6 Amount	7	8 Amount	9	10 Amount
Number	nation	Description	Value	Encumbrances	Encumbrances	(Columns 1 + 2 + 3)	Factor	(Columns 4 x 5)	Factor	(Columns 4 x 7)	Factor	(Columns 4 x 9)
4		COMMON STOCK	200 700	X X X	XXX	200 700	0.0000		0.1300(d)	42,861	0 1300 (4)	40.004
1.		Unaffiliated Public Unaffiliated Private		X X X	XXX	329,700	0.0000		0.4000		0.1300 (d)	· ·
2.					XXX					1	0.1600	
3. 1		Federal Home Loan Bank Affiliated Life with AVR					0.0000				0.0000	
4.		Affiliated Life with AVR		^ ^ ^	^ ^ ^		0.0000		0.0000		0.0000	
_		Fixed Income Exempt Obligations					X X X		V V V		X X X	
5. 6.		1 3					X X X		XXX		X X X	
7.		Fixed Income Highest Quality					X X X		XXX		X X X	
8.		Fixed Income High Quality					X X X				X X X	
0. 9		Fixed Income Low Quality					X X X		XXX		X X X	
١٠.		Fixed Income Low Quality Fixed Income Lower Quality							XXX		X X X	
10. 11.		Fixed Income Lower Quality Fixed Income In/Near Default					X X X		XXX		X X X	
12.		Unaffiliated Common Stock Public					0.0000		0.1300(d)		0.1300 (d)	
		Unaffiliated Common Stock Private					0.0000				0.1300 (a)	
13. 14.		Mortgage Loans							0.1600 (c)		0.1600 (c)	
15.		Real Estate					`	e)	(c)		(c)	
16.		Affiliated-Certain Other (See SVO Purposes and					(e)	(e)		(e)	
10.		Procedures Manual)	71 025	X X X		71,835	0.0000		0.1300	9,339	0.1300	9,339
17		Affiliated-All Other			XXX		0.0000		0.1300	1 ' 1	0.1300	9,339
17. 18.							0.0000		0.1600		0.1600	
10.		TOTAL Common Stock (sum of Lines 1 through 17)	404 505			404 505	V V V		V V V	50,000	V V V	F0 000
		(Page 2, Line 2.2, Net Admitted Asset)	401,535			401,535	X X X		X X X	52,200 .	X X X	52,200
40		REAL ESTATE Home Office Property (General Account Only)					0.0000		0.0750		0.0750	
19.							0.0000		0.0750		0.0750	
20.		Investment Properties					0.0000		0.0750	1,413	0.0750	1,413
21.						27,598	0.0000		0.1100	3,036	0.1100	3,036
22.		TOTAL Real Estate (sum of Lines 19 through 21)	46,438			46,438	X X X		X X X	4,449	X X X	4,449
		OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
23.		Exempt Obligations			X X X		0.0000		0.0000		0.0000	
24.	1	Highest Quality			X X X		0.0004		0.0023		0.0030	
25.	2	High Quality					0.0019		0.0058		0.0090	
26.	3	Medium Quality			X X X		0.0093		0.0230		0.0340	
27.	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
28.	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
29.	6	In or Near Default		X X X	X X X				0.2000		0.2000	
30.		TOTAL with Bond characteristics (sum of Lines 23 through 29)		XXX	X X X		X X X		X X X		X X X	

33	Asset Valuation Reserve - Equity Component - #2	NONE
34	Asset Valuation Reserve - Equity Component - #3	NONE
35	Asset Valuation Reserve - Replications	NONE
36	Schedule F	NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

				OCITE	JULI	<u> </u>	עוטי		וווטו			ווטוו							
				Group		Credit Acci	dent			Other Individual Contracts									
				Accident a	nd	& Health (G	iroup	Collective	ely			Guarantee	ed	Non-Renewa	ble for	Other Accid	dent		
		Total		Health		and Individ	lual)	Renewab	le	Non-Cancel	able	Renewabl	е	Stated Reason	ns Only	Only		All Othe	r
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
		Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
	PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																		
1.	1. Premiums written																		
2.	Premiums earned	1,232,362	XXX	891,900	XXX		XXX		XXX	2,761	XXX.	59,423	XXX		XXX		XXX	278,278	XXX
3.	Incurred claims	975,615	79.2	477,986															
4.	Cost containment expenses				ı		1		1 1										
5.	Incurred claims and cost containment expenses																		
	(Lines 3 and 4)	975,615	79.2	477,986	53.6					11,622	. 420.9	51,503	86.7					434,504	. 156.1
6.	Increase in contract reserves									(1)			(3.5)					1,307	0.5
7.	Commissions (a)	(264,971)								137		3,460	5.8					11,307	4.1
8.	Other general insurance expenses									2,991			79.4						. 121.1
9.	Taxes, licenses and fees												7.1					34,752	12.5
10.	Total other expenses incurred									3,349									. 137.7
11.	Aggregate write-ins for deductions														1				
12.	Gain from underwriting before dividends or refunds									(12,209)		(44,882)	. (75.5)					(540,610)	(194.3)
13.	Dividends or refunds																	, ,	l`
14.	Gain from underwriting after dividends or refunds	(1,667,606)	(135.3)	(1,069,905)	(120.0)					(12,209)	(442.2)	(44,882)	. (75.5)					(540,610)	(194.3)
	AILS OF WRITE-INS	, , , ,	, ,	, , ,	,		-			(, ,	,	(, , , ,			1			, ,	/
110	1. CASH OVER & SHORT																		
1102	2. GAINS ON SALE																		
1103	3. MISC INCOME ADMINISTRATIVE SERVICE																		
	CHARGE	l							l						1				
1198																			
	overflow page																[
1199																			
	11 above)																		
$\overline{}$,													1					

⁽a) Includes \$.....0 reported as "Contract, membership and other fees retained by agents."

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

		2	3	4	Other Individual Contracts					
			Credit Accident		5	6	7	8	9	
		Group	and Health				Non-Renewable			
		Accident and	(Group and	Collectively		Guaranteed	for Stated	Other Accident		
	Total	Health	Individual)	Renewable	Non-Cancelable	Renewable	Reasons Only	Only	All Other	
	PART 2	- RESERVES	S AND LIABI	LITIES						
A. Premium Reserves:										
Unearned premiums	14,979				170	2,804			12,00	
2. Advance premiums	11,208				51	893			10,26	
3. Reserve for rate credits		235,023								
4. Total premium reserves, current year		235,023			221	3,697			22,20	
5. Total premium reserves, prior year		235,023			347	4,768			24,08	
6. Increase in total premium reserves	(3,009)								(1,81	
B. Contract Reserves:	, ,				,					
1. Additional reserves (a)	85,177				9,762	74,108			1,30	
2. Reserve for future contingent benefits (deferred maternity and other similar benefits)						,				
Total contract reserves, current year					9.762				1.30	
4. Total contract reserves, prior year					9,763					
Increase in contract reserves					(1)				1,30	
C. Claim Reserves and Liabilities:	(102)				(1)	(2,000)			1,00	
Total current year	412 771	163,584			68	28,624			220,49	
Total prior year									96.13	
3. Increase					(1.657)				124.36	
	EST OF PRIO	,		RVES AND I	(, ,	20,002			124,00	
Claim Paid During the Year:		IN I LAIN O O	LAIN KLOLI	VEO AND E						
1.1 On claims incurred prior to current year		174,645			4,802	18,756			113.59	
1.2 On claims incurred during current year					8.477	· ·			196.5	
Claim Reserves and Liabilities, December 31, Current Year:					,,,,,					
2.1 On claims incurred prior to current year		4,695				9.935			96.03	
2.2 On claims incurred during current year					68	.,			124,45	
3. Test:										
3.1 Lines 1.1 and 2.1		179,340			4,802	28,691			209,62	
3.2 Claim reserves and liabilities, December 31, prior year					1,725				96.1	
						· ·			113.49	
3.3 Line 3.1 minus Line 3.2		PART 4 - REI			3,077	23,459			113,48	
A. Reinsurance Assumed:	F	ANI 4 - KEI	INSURANCE							
Premiums written									l ₇ ,	
Premiums written Premiums earned	1111 111	,							7.	
3. Incurred claims										
4. Commissions										
Reinsurance Ceded:		141,100								
Remsurance Ceded. Premiums written	2,519,623	2,519,623								
		2,519,623								
2. Premiums earned										
3. Incurred claims										
4. Commissions		528,449								

⁽a) Includes \$.....0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1	2	3	4
		Medical	Dental	Other	Total
A.	Direct:				
	1. Incurred Claims	2,225,839	523,879	508,216	3,257,934
	2. Beginning Claim Reserves and Liabilities	1,720,781		103,088	1,823,869
	3. Ending Claim Reserves and Liabilities	1,631,806	120,000	259,774	2,011,580
	4. Claims Paid	2,314,814	403,879	351,530	3,070,223
B.	Assumed Reinsurance:				
	5. Incurred Claims	(92)			(92)
	6. Beginning Claim Reserves and Liabilities	339,942			339,942
	7. Ending Claim Reserves and Liabilities	339,942			339,942
	8. Claims Paid	(92)			(92)
C.	Ceded Reinsurance:				
	9. Incurred Claims	2,282,226			2,282,226
	10. Beginning Claim Reserves and Liabilities	3,184,874			3,184,874
	11. Ending Claim Reserves and Liabilities	2,846,794			2,846,794
	12. Claims Paid	2,620,306			2,620,306
D.	Net:				
	13. Incurred Claims	(56,479)	523,879	508,216	975,616
	14. Beginning Claim Reserves and Liabilities	(1,124,151)		103,088	(1,021,063)
	15. Ending Claim Reserves and Liabilities	(875,046)	120,000	259,774	(495,272)
	16. Claims Paid	(305,584)	403,879	351,530	449,825
E.	Net Incurred Claims and Cost Containment Expenses:				
	17. Incurred Claims and Cost Containment Expenses	431,634	525,491	18,490	975,615
	18. Beginning Reserves and Liabilities	(1,124,151)		103,088	(1,021,063)
	19. Ending Reserves and Liabilities	(875,047)	120,000	259,774	(495,273)
	20. Paid Claims and Cost Containment Expenses	182,530	405,491	(138,196)	449,825

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

				Total de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la con				,			
1	2	3	4	5	6	7	8	9	10	11	12
									Reinsurance		Funds
NAIC	Federal				Type of	Amount of			Payable on	Modified	Withheld
Company	ID	Effective			Reinsurance	In force at			Paid and	Coinsurance	Under
Code	Number	Date	Name of Reinsured	Location	Assumed	End of Year	Reserve	Premiums	Unpaid Losses	Reserve	Coinsurance
General A	ccount - Non-a	ffiliates									
60054	06-6033492	05/09/1969	AETNA LIFE & CASUALTY	HARTFORD. CT	YRT/G	563,492,500		602,477	173.361		
65978	13-5581829	12/01/1969	METROPOLITAN LIFE	NEW YORK, NY	YRT/G	275,443,246		604,395	- ,		
65978	13-5581829	12/01/1969	METROPOLITAN LIFE INS CO	NEW YORK, NY	YRT/G	2,216,667,430		7,671,377			
68241	22-1211670	08/01/1972	PRUDENTIAL INS CO OF AMER	NEWARK, NJ	YRT/G	1,911,657,698		122,631			
66168	41-0417830	09/01/1985	MINNESOTA MUTUAL LIFE	ST PAUL, MN	YRT/G	4,397,793,675		7,679,601			
80314	52-0913817	04/01/1972		CHARLESTOWN, MA	YRT/G			28,440	27,603		
81973	75-1296086	09/01/2004	COVENTRY HLTH & LIFE INS CO		CO/I	5,505,681	2,351,177	39,361	96,504		
67580	76-0100829	10/01/2005	NORTH AMERICAN LIFE INS CO OF TX	AUSTIN, TX	CO/I		3,371,005	319,253	118,809		
61468	63-0220465	01/01/2008	BOOKER T WASHINGTON INS CO INC	AL	YRT/I	131,020,223	25,736,864	2,924,994	440,192		
70157	62-0392810	01/01/2008	UNIVERSAL LIFE INS CO	AL	YRT/I	35,794,887	7,031,343	1,706,485	125,168		
0299999	Subtotal - Genera		con .			9,628,955,268	38,490,389	21,699,014	5,029,304		
03999997	Total - General A	ccount				9,628,955,268	38,490,389	21,699,014	5,029,304		
0799999 1						9,628,955,268	38,490,389	21,699,014	5,029,304		

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

			Remadiance Assumed Accident and	Tioditii iiiodi diioo Elotod by Itoliiodi	oa oompan	, 40 C. DOCC.	1501 0 1, 0 a.	TOTIL TOUL			
1	2	3	4	5	6	7	8	9	10	11	12
								Reserve			
								Liability	Reinsurance		Funds
NAIC	Federal				Type of			Other Than	Payable on	Modified	Withheld
Company	ID	Effective			Reinsurance		Unearned	for Unearned	Paid and	Coinsurance	Under
Code	Number	Date	Name of Reinsured	Location	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Coinsurance
Non-Affili	ates										
53228	04-1045815	05/01/2003	BCBS OF MA	BOSTON, MA	OTH/G	85,725		57,150			
54291	38-2069753	05/01/2003		DETROIT, MI	OTH/G	100,853		67,235			
53473	05-0158952		BCBS OF RI	PROVIDENCE, RI	OTH/G	113,157		75,438			
53686	81-0216685	05/01/2003	BCBS OF MT	HELENA, MT	OTH/G	52,800		35,200			
70122	73-0493220	01/01/2005	UNIVERSAL FIDELITY LIFE INS CO	OK	OTH/G	463					
81973	75-1296086	09/01/2004	COVENTRY HLTH & LIFE INS CO	IL	CO/I	755					
0299999 T	otal - Non-Affilia	tes				353,753		235,023			
0399999 T	otals			······		353,753		235,023			

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

2 3 6 NAIC Federal ID **Effective** Company Code Number Date Name of Company Location Paid Losses **Unpaid Losses** Life and Annuity, Non-Affiliates HAMILTON HM11, BERMUDA 00000 AA-3190829 09/30/2003 MAX RE LTD 263.841 1,738,479 62308 06-0303370 01/01/1972 CONNECTICUT GENERAL HARTFORD, CT 66133 41-1760577 01/01/2007 WILTON REASSURANCE COMPANY MINNEAPOLIS, MINNESOTA 147,234 239,054 88099 75-1608507 07/01/2002 OPTIMUM RE INS CO DALLS, TEXAS 42,968 82627 06-0839705 11/01/1960 SWISS RE LIFE & HEALTH AMER INC STAMFORD, CT 85,450 186,946 HAMILTON, HM11, BERMUDA 09/30/2005 00000 AA-3194190 62308 06-0303370 01/01/1972 HARFORD, CT 46.609 00000 SENSU LTD HAMILTON, HM12, BERMUDA 3,229,930 AA-3190702 05/01/2003 00000 AA-1561031 01/01/2008 LONDON LIFE INS CO BLUE BELL, PA 508,824 0299999 Total - Life and Annuity, Non-Affiliates 496.525 5.992.810 0399999 Totals - Life and Annuity . 496,525 5,992,810 Accident and Health, Non-Affiliates 13-4924125 09/30/2005 10227 MUNICH REINS AMER INC 816,630 DF .. 163,590 20-0735099 COMPANION CAPTIVE INS CO 11985 01/01/2008 SC 19453 13-5616275 01/01/2005 TRANSATLANTIC REINS CO NEW YORK, NY 10357 52-1952955 01/01/2003 PLATINUM UNDERWRITERS REINS INC MD97055 59-2213662 10/01/2004 MEGA LIFE & HLTH INS CO THE **OKLAHOMA** 24,703 91,414 LONDON LIFE INTL REINS CORP AA-3161010 01/01/2009 **BARBADOS** 00000 AA-3190702 05/01/2003 SENSU LTD HAMILTON, HM12, BERMUDA 10,000 00000 0599999 Total - Accident and Health, Non-Affiliates 908.044 198,293 0699999 Totals - Accident and Health 908,044 198,293 0799999 Totals - Life, Annuity and Accident and Health 1,404,569 6,191,103

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability

			Contingencie	es, and Related Benefits Liste	ed by Reinsuring	g Company as	s of Decem	ıber 31, Curı	ent Year				
1	2	3	4	5	6	7	Reserve Cr	edit Taken	10	Outstanding S	Surplus Relief	13	14
NAIC	Federal				Type of	Amount in	8	9		11	12	Modified	Funds Withheld
Company	ID	Effective			Reinsurance	Force at End	Current	Prior		Current	Prior	Coinsurance	Under
Code	Number	Date	Name of Company	Location	Ceded	of Year	Year	Year	Premiums	Year	Year	Reserve	Coinsurance
	ed General Acco			Location	Oeded	or rear	i Gai	i cai	1 Territoriis	i cai	i Gai	reserve	Combulance
Authorize	ed General Acco	unt - Non-Aff	illates										
68276	48-1024691	03/01/1989	EMPLOYERS REASSUR CORP	OVERLAND PARK, KS	CO/I	100.000	389	389		l			
68276	48-1024691		EMPLOYERS REASSUR CORP	OVERLAND PARK, KS	YRT/I	368,204	3,010	2,801	4,000	l			
68276	48-1024691	01/01/1983	EMPLOYERS REASSUR CORP	OVERLAND PARK, KS	YRT/I	0 00-10-4	12,456	11,761	25,954	l			
65978	13-5581829	12/01/1969	METROPOLITAN LIFE INS CO	NEW YORK, NY		'			25,523				
88099	75-1608507	04/08/1946	OPTIMUM RE INS CO	DALLAS, TX		11,453	293	346	(781)				
88099	75-1608507		OPTIMUM RE INS CO	DALLAS, TX			13	26		l			
88099	75-1608507		OPTIMUM RE INS CO	DALLAS, TX	CO/I		9	30	7,558				
88099	75-1608507		OPTIMUM RE INS CO	DALLAS, TX	YRT/I		5,978	7.041	(2)				
88099	75-1608507		OPTIMUM RE INS CO	DALLAS, TX		1 ' 1		,					
88099	75-1608507		OPTIMUM RE INS CO	DALLAS, TX	YRT/I		33,772	3,236	6,577				
88099	75-1608507		OPTIMUM RE INS CO	DALLAS, TX			252	356					
88099	75-1608507		OPTIMUM RE INS CO	DALLAS, TX		121,035	414	480	1,238				
88099	75-1608507		OPTIMUM RE INS CO	DALLAS, TX	· ·	10,590,199	15,812	15,346	15,543				
88099	75-1608507		OPTIMUM RE INS CO	DALLAS, TX					17.200				
68241	22-1211670	08/01/1972	PRUDENTIAL INS CO OF AMER	NEWARK, NJ					673				
82627	06-0839705		SWISS RE LIFE & HEALTH AMER INC	STAMFORD. CT	· ·		2.092	2.092	516				
82627	06-0839705		SWISS RE LIFE & HEALTH AMER INC	STAMFORD, CT		,	264	2,002	35				
67148	56-0343440		OCCIDENTAL LIFE INS CO OF NC	LOS ANGELES, CA		50,000		275					
67148	56-0343440		OCCIDENTAL LIFE INS CO OF NC	LOS ANGELES, CA	YRT/I		3,170	2.956	562				
80837	31-0472910		UNION CENTRAL LIFE INS CO	CINCINNATI, OH		2,107,888	128,516		33,599				
70815	06-0838648		HARTFORD LIFE & ACCIDENT INS CO	HARTFORD,CT		2,107,000	43,629	43.804	39,300				
66168	41-0417830	01/01/2005	MINNESOTA LIFE INS CO	ST. PAUL,MN		I I			1,457,215				
82627	06-0839705	09/01/2004	SWISS RE LIFE & HEALTH AMER INC	STAMFORD, CT					1,437,213				
88099	75-1608507		OPTIMUM RE INS CO	DALLAS, TX	1		143,413		59,396				
66133	41-1760577	01/01/2007	WILTON REASSURANCE COMPANY	MINNEAPOLIS, MINNESOTA	CO/I	80,343,859	1,139,471	591,216	2,922,865				
76694	23-2044256		LONDON LIFE REINS CO	BLUE BELL, PA	MCO/I	,','	4,020,000	6,317,124	1,766,475	4,020,000	5,360,000	25,309,413	
88099	75-1608507		OPTIMUM RE INS CO	DALLAS, TX			4,020,000	0,517,124	25,710	4,020,000		23,303,413	
67580	76-0100829	01/01/2009	NORTH AMERICA LIFE	DALLAS, TX	CO/I		124,394		583,167				
82627	06-0839705		SWISS RE		1.75-76	34,746,501	124,334		519,579				
93742	41-1412669	01/01/2009	SECURIAN LIFE		CO/G	4,560,974,815			5,620,105				
						4,893,682,127	F 677 650	7,007,487		4,020,000	F 200 000	25,309,413	
			Account - Non-Affiliates				5,677,650		13,132,009	, ,	5,360,000	, ,	
	Total - Authorized					4,893,682,127	5,677,650	7,007,487	13,132,009	4,020,000	5,360,000	25,309,413	
Unautho	ized General Ac	count - Non-A	Affiliates										
00000	AA-3190829	09/30/2003	MAX BERMUDA LTD	BERMUDA	OTH/I	72,448,893	35,865,861	37,030,766	699,013				
00000	AA-3194190		QUANTA REINS LTD	BERMUDA	CO/G	17,465,333	2,435,164	721,427	962,203	422,378	600,581	1,939,844	
00000	AA-1370006	01/01/2009	INTL REINS CO S A		CO/G				527,649				
	599999 Subtotal - Unauthorized General Account - Non-Affiliates					89,914,226	38,301,025	37,752,193	2,188,865	422,378	600,581	1,939,844	
0699999	0699999 Total - Unauthorized General Account					89,914,226	38,301,025	37,752,193	2,188,865	422,378	600,581	1,939,844	
0799999 Total - Authorized and Unauthorized General Account					4,983,596,353	43,978,675	44,759,680	15,320,874	4,442,378	5,960,581	27,249,256		
1599999	Totals					4,983,596,353	43,978,675	44,759,680	15,320,874	4,442,378	5,960,581	27,249,256	
	. •					.,555,555,556	10,010,010	11,100,000	10,020,011	1, 1 12,510	5,555,561	21,210,200	

43

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

			Neilisulalice Ceueu Accidell	onipany as	or Decemb	or or, ourro	it i cai					
1	2	3	4	5	6	7	8	9	Outstanding S	Surplus Relief	12	13
								Reserve	10	11		
								Credit Taken				Funds
NAIC	Federal						Unearned	Other than for			Modified	Withheld
Company	ID	Effective					Premiums	Unearned	Current	Prior	Coinsurance	Under
Code	Number	Date	Name of Company	Location	Type	Premiums	(estimated)	Premiums	Year	Year	Reserve	Coinsurance
Authorize	d General Acco	unt - Non-Aff	iliates									
10357	52-1952955	05/01/2002	PLATINUM UNDERWRITERS REINS INC	MD	CO/G	(15)						
19453	13-5616275		TRANSATLANTIC REIN CO		CO/G	(3)						
10227	13-4924125	10/01/2005	MUNICH REINS AMER INC	DE	CO/G	1,091,500						
	13-2997499	10/01/2004	WHITE MOUNTAINS REINS CO OF AMER	CT	CO/G	164,828						
	74-2195939		HOUSTON CAS CO			31,349						
0299999 S	Subtotal - Author	zed General A	ccount - Non-Affiliates			1,287,659						
0399999 T	otal - Authorized	d General Acco	ount			1,287,659						
Unauthori	ized General Ad	count - Non-A	Affiliates									
00000	AA-0040031	01/01/2008	TRISTAR LTD	CAYMAN ISLANDS	OTH/G	187,656						
	20-0735099	01/01/2008	COMPANION CAPTIVE INS CO	SC	OTH/G	933,056						
00000	AA-3161010	01/01/2009	LONDON LIFE INTL REINS CORP	GRAND CAYMAN	CO/G	114,096						
			l Account - Non-Affiliates			1,234,808						
0699999 T	otal - Unauthori	zed General A	ccount			1,234,808						
0799999 T	otal - Authorized	and Unautho	rized General Account	·····		2,522,467						
1599999 T	otals					2,522,467						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	2	1	5	6	7	Ω	٥	10	11	12	12	1/
'		٦	4	٦		'	0	9	10	_ ''.	12	13	14
					Paid and					Funds			Sum of Cols.
NAIC	Federal			Reserve	Unpaid Losses		Totals			Deposited by and		Miscellaneous	9+10+11+12+13
Company	ID	Effective		Credit	Recoverable	Other	(Cols. 5	Letters of	Trust	Withheld		Balances	But Not in
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Debits	+ 6 + 7)	Credit	Agreements	from Reinsurers	Other	(Credit)	Excess of Col. 8
General A	Account - Life a	nd Annuity - N	on-Affiliates										
00000	AA-3190829	09/30/2003	MAX RE LTD	35,865,861	1,738,479	54,395	37,658,735		44,516,295				37,658,735
	AA-3194190	09/30/2005	QUANTA REINS LTD	616.225	63,196	(264,718)		600,581					· · · · · · · · · · · · · · · · · · ·
1			LONDON LIFE INTL REINS CORP				16,359						
0299999			e and Annuity - Non-Affiliates			(210,323)	38,089,797	600,581	44,516,295				38,073,438
0399999	Total - General A	ccount - Life a	nd Annuity	36,482,086	1,818,034	(210,323)	38,089,797	600,581	44,516,295				38,073,438
General A	Account - Accid	ent & Health -	Non-Affiliates										
00000	. AA-3190702	05/01/2002	SENSU LTD										
95251	76-0196559		NATIONAL PACIFIC DENTAL INC										
	38-1744924	04/01/2006	LIBERTY UNION LIFE ASSUR CO										
0599999	0599999 Subtotal - General Account - Accident & Health - Non-Affiliates												
0699999	99999 Total - General Account - Accident and Health												
	9999 Total - General Account				1,818,034	(210,323)	38,089,797	600,581	44,516,295				38,073,438
1199999	Totals (General A	Account and Se	eparate Accounts combined)	36,482,086	1,818,034	(210,323)	38,089,797	600,581	44,516,295				38,073,438

SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

		1000 Onnitica				
		1	2	3	4	5
		2009	2008	2007	2006	2005
A. OF	PERATIONS ITEMS:					
1.	Premiums and annuity considerations for life and accident and					
	health contracts	17,776	45,933	18,473	32,268	36,268
2.	Commissions and reinsurance expense allowances	5,789	12,148	5,195	7,282	5,507
3.	Contract claims	13,433	7,217	14,203	23,031	26,340
4.	Surrender benefits and withdrawals for life contracts					
5.	Dividends to policyholders					
6.	Reserve adjustments on reinsurance ceded		23,706	302	549	363
7.	Increase in aggregate reserves for life and accident and health					
	contracts					220
B. BA	LANCE SHEETS ITEMS					
8.	Premiums and annuity considerations for life and accident and					
	health contracts deferred and uncollected	5,459	4,238	1,894	1,416	1,705
9.	Aggregate reserves for life and accident and health contracts	43,979	44,831	39,853	40,693	42,877
10.	Liability for deposit-type contracts					
11.	Contract claims unpaid	. 6,191	3,077	3,351	4,045	6,253
12.	Amounts recoverable on reinsurance		1,523	1,117	539	1,351
13.	Experience rating refunds due or unpaid					
14.	Policyholders' dividends (not included in Line 10)					
15.	Commissions and reinsurance expense allowances unpaid					
16.	Unauthorized reinsurance offset	. 16				
C. UN	IAUTHORIZED REINSURANCE					
(Depo	osits By and Funds Withheld From)					
17.	Funds deposited by and withheld from (F)					1,383
18.	Letters of credit (L)					
19.	Trust agreements (T)	44,516	43,785	45,464	44,094	46,121
20.	Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1	2	3
		As Reported	Restatement	Restated
		(net of ceded)	Adjustments	(gross of ceded)
ASSE	TS (Page 2, Column 3)	(1.00 0. 00 00 0)	, tajaoaoto	(9.000 0.0000)
1.	Cash and invested assets (Line 10)	132.174.109		132.174.109
2.	Reinsurance ceded (Line 14)			
3.	Premiums and considerations (Line 13)			
4.	Net credit for ceded reinsurance			
5.	All other admitted assets (balance)			
6.	TOTAL assets excluding Separate Accounts (Line 24)			
7.	Separate Account assets (Line 25)			
8.	TOTAL assets (Line 26)	151.580.237	50.338.080	201.918.317
	LITIES, CAPITAL AND SURPLUS (Page 3)			201,010,011
9.	Contract reserves (Lines 1 and 2)	126,707,691	43.978.676	170.686.367
10.	Liability for deposit-type contracts (Line 3)			
11.	Claim reserves (Line 4)			
12.	Policyholder dividends/reserves (Lines 5 through 7)			
13.	Premium & annuity considerations received in advance (Line 8)			
14.	Other contract liabilities (Line 9)	104.496		104.496
15.	Reinsurance in unauthorized companies (Line 24.2)	16.359		16.359
16.	Funds held under reinsurance with unauthorized reinsurers (Line 24.3)			
17.	All other liabilities (balance)			
18.	TOTAL Liabilities excluding Separate Accounts (Line 26)			
19.	Separate Account liabilities (Line 27)			
20.	TOTAL liabilities (Line 28)	145.214.931	50.338.080	195.553.011
21.	Capital & surplus (Line 38)			
22.	TOTAL liabilities, capital and surplus (Line 39)			
	REDIT FOR CEDED REINSURANCE	,,,,,,	,,	- //-
23.	Contract reserves	43.978.676		
24.	Claim reserves			
25.	Policyholder dividends/reserves			
26.	Premium & annuity considerations received in advance	192,251		
27.	Liability for deposit-type contracts			
28.	Other contract liabilities			
29.	Reinsurance ceded assets			
30.	Other ceded reinsurance recoverables			
31.	TOTAL ceded reinsurance recoverables			
32.	Premiums and considerations			
33.	Reinsurance in unauthorized companies			
34.	Funds held under reinsurance treaties with unauthorized reinsurers			
35.	Other ceded reinsurance payables/offsets			
36.	TOTAL ceded reinsurance payable/offsets			
37.	TOTAL net credit for ceded reinsurance			
L				

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

			Direct Busines				
		1	2	3 Disability	4 Long-Term	5	6
		Life	Annuities	Income	Care		
		(Group and	(Group and	(Group and	(Group and	Deposit-Type	
	States, Etc.	Individual)	Individual)	Individual)	Individual)	Contracts	Totals
1.	Alabama (AL)						
2.	Alaska (AK)						
3.	Arizona (AZ)						
4.	Arkansas (AR)						
5.	California (CA)						1,976,576
6.	Colorado (CO)						
7.	Connecticut (CT)	168					168
8.	Delaware (DE)						169
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)						
12.	Hawaii (HI)						
13.	Idaho (ID)	27 .					27
14.	Illinois (IL)	3,078,265	700 .				3,080,911
15.	Indiana (IN)	18,742		228,268			247,010
16.	lowa (IA)	110					110
17.	Kansas (KS)	301 .					301
18.	Kentucky (KY)	56,572		546			57,118
19.	Louisiana (LA)	137,757		67,864			205,621
20.	Maine (ME)						
21.	Maryland (MD)						
22.	Massachusetts (MA)						
23.	Michigan (MI)						
24.	Minnesota (MN)						
25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)						
29.	Nevada (NV)	79 .					79
30.	New Hampshire (NH)	118 .					118
31.	New Jersey (NJ)						
32.	New Mexico (NM)						
33.	New York (NY)	7,053		178			7,231
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)						
37.	Oklahoma (OK)	178					178
38.	Oregon (OR)	19 .					19
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)						
42.	South Dakota (SD)						
43.	Tennessee (TN)	581,390	11,706	45,536			638,632
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)						
48.	Washington (WA)	517 .					517
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)						
56.	Northern Mariana Islands (MP)						
57.	Canada (CN)						
58.	Aggregate other alien (OT)						
59.	TOTALS	18.098.090	260.725	3,555,848			21 914 663

SCHEDULE Y (Continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
					Purchases, Sales	Income/(Disburse-				Any Other		Reinsurance
					or Exchanges of	ments) Incurred in				Material Activity		Recoverable/
					Loans, Securities,	Connection with	Management	Income/		not in the		(Payable)
					Real Estate,	Guarantees or	Agreements	(Disbursements)		Ordinary		on Losses
NAIC	Federal				Mortgage	Undertakings	and	Incurred Under		Course of		and/or Reserve
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Loans or Other	for the Benefit	Service	Reinsurance		the Insurer's		Credit Taken/
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Investments	of any Affiliate(s)	Contracts	Agreements	*	Business	Totals	(Liability)
						_						
					\cap NI E							
					U IN L							
9999999 Tota	als								XXX			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions. MARCH FILING Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?
Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? Yes Yes Yes Will an Actuarial opinion be filed by March 1? APRIL FILING Will Management's Discussion and Analysis be filed by April 1? Yes 6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? Yes Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1? Yes Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes Will an audited financial report be filed by June 1? Yes 10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions. MARCH FILING 11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

12. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No Νo Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? No Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed by March 1? Will the actuarial opinion on non-guaranteed elements as required in Interrogatory #3 to Exhibit 5 be filed by March 1? Yes Yes Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? No Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by 18. March 12 No 19. Will the reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? No 20. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? No Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?
Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? No No Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?

Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?

Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?

Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1? No No domicile and electronically with the NAIC by March 1?
Will the Workers' Compensation Carve-Out Supplement be filed by March 1?
Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? Νo No 28. Yes Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? Νo **APRIL FILING** 30. Will the Long-Term Care Experience Reporting Forms be file with the state of domicile and the NAIC by April 1?
31. Will the Interest Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?
32. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? No Yes Νo Will the Accident and Health Policy Experience Exhibit be filed by April 1? **Explanations:**

Bar Codes:





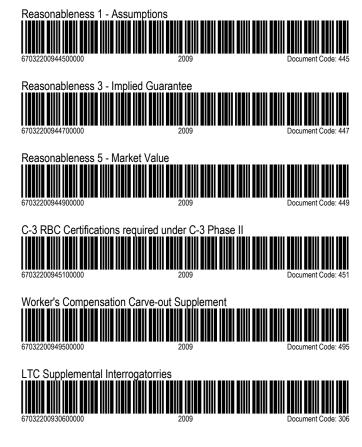


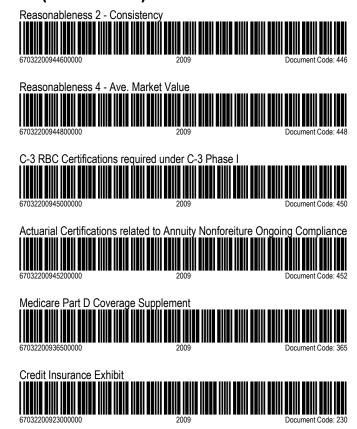






SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)





ASSETS

		Current Year		Prior Year
	1	2	3	4
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols.1-2)	Assets
2304. A/R SE DURHAM DEVELOPMENT CORP	91,063	91,063		
2305. OTHER AMOUNTS RECEIVABLE	230,554	104,254	126,300	103,269
2306. PERSONAL LOANS TO EMPLOYEES	712	712		
2307. NON QUALIFIED PENSION BENEFIT ASSETS	686,780	686,780		0
2308. LEASEHOLD IMPROVEMENTS	172,421	172,421		
2397. Summary of remaining write-ins for Line 23 (Lines 2304 through 2396)	1,181,529	1,055,229	126,300	103,269

SUMMARY OF OPERATIONS

		1	2
		Current Year	Prior Year
08.304.	INC (DEC) ON FUNDS HELD ASSET	(745,976)	(22,352)
08.305.	CASH OVER / SHORT	873	1,459
08.306.	DEPOSIT ACCOUNTING INCOME	104,300	(54,828)
08.307.	GAIN / LOSS ON SALE OF EQUIPMENT		
08.397.	Summary of remaining write-ins for Line 8.3 (Lines 08.304 through 08.396)	(640,803)	(75,721)
2704.	LEGAL SETTLEMENT		2,145
2705.			
2797.	Summary of remaining write-ins for Line 27 (Lines 2704 through 2796)		2,145

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2		Ordinary			Group			12		
			3	4	5	Credit Life	7	8	9	10	11	Aggregate of All
		Industrial	Life	Individual	Supplementary	(Group and	Life			Credit (Group		Other Lines
	Total	Life	Insurance	Annuities	Contracts	Individual)	Insurance (a)	Annuities	Group	and Individual)	Other	of Business
08.304. INC/DEC ON FUNDS HELD ASSET	(745,976)						(745,976)					
08.305. CASH OVER / SHORT												
08.306. DEPOSIT ACCOUNTING INCOME	104,300						104,300					
08.307.												
08.397. Summary of remaining write-ins for Line 8.3 (Lines 08.304 through 08.396)	(641,676)						(641,676)					
2704.												
2797. Summary of remaining write-ins for Line 27 (Lines 2704 through 2796)												

EXHIBIT OF NONADMITTED ASSETS

		,		
		1	2	3
				Change in Total
		Current Year Total	Prior Year Total	Nonadmitted Assets
		Nonadmitted Assets	Nonadmitted Assets	(Col. 2 - Col. 1)
2304.	OTHER AMOUNTS RECEIVABLE	104,254	17,978	(86,276)
2305.	PERSONAL LOANS TO EMPLOYEES	712	1,604	892
2306.	NON QUALIFIED PENSION BENEFIT ASSETS	686,780	488,532	(198,248)
2307.	LEASEHOLD IMPROVEMENTS	172,421		(172,421)
2308.	NEGATIVE IMR NON-ADMITTED		519,032	519,032
2309.	OTHER NON-ADMITTED ASSETS		59,724	59,724
2310.	NOTES RECEIVABLE - EDH		3,115	3,115
2397.	Summary of remaining write-ins for Line 23 (Lines 2304 through 2396)	964,167	1,089,985	125,818

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

					/													
			Group		Credit Accid	dent							Other Individual	Contract	S			
			Accident a	nd	& Health (G	roup	Collective	ly			Guarante	ed	Non-Renewa	ble for	Other Acci	dent		
	Total		Health	Health an		and Individual)		Renewable		Non-Cancelable		le	Stated Reasons Only		/ Only		All O	ther
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
			PA	RT 1	- ANALYSI	S OF	UNDERWE	RITING	OPERATI	ONS								
1104. MISCELLANEOUS INCOME																		
1105. DEFERRED COMP																		
1106. QUALIFIED PENSION BENEFIT COST																		
1107. OTHER DEDUCTIONS																		
1108.																		
1197. Summary of remaining write-ins for Line 11 (Lines																		
1104 through 1196)																		

Supp16 California

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT







For The Year Ended December 31, 2009

(To be filed by March 1)
FOR THE STATE OF CALIFORNIA

NAIC Group Code: 0000

NAIC Company Code: 67032

Address (City, State and Zip Code): Durham, NC 27701-3616

Person Completing This Exhibit:

Title: Telephone:

	Tool Tool Tool Tool Tool Tool Tool Tool																				
1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2006			Polic	Policies Issued in 2007, 2008, 2009							
										11 Incurred Claim		Incurred Claims 14		Incurred Claims 14		Incurred Claims 14		15	Incurred C	laims	18
		Standardized							Policy		12	13]		16	17	1				
	Policy	Medicare				Date			Marketing			Percent of	Number of			Percent of	Number of				
Compliance	Form	Supplement	Medicare	Plan	Date	Approval	Date Last		Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered				
with OBRA	Number	Benefit Plan	Select	Characteristics	Approved	Withdrawn	Amended	Date Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives				
0199999 Total I	Experience on Individual Polic	ies																			
0299999 Total I	99999 Total Experience on Group Policies																				

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
 Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 Address:
- 2.2 Contact Person and Phone Number:

 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - 3.1 Address:
- 3.2 Contact Person and Phone Number:
 4. Explain any policies identified above as policy type "O":

Supp21	Workers Comp. Carve-Out Supp. Pt 1 Prem EarnedNONE
Supp21	Workers Comp. Carve-Out Supp. Pt 2 Prem WrittenNONE
Supp21	Workers Comp. Carve-Out Supp. Pt 3 Losses PaidNONE
Supp21	Workers Comp. Carve-Out Supp. Pt 4 Unpaid Losses NONE
Supp22	Workers Comp. Carve-Out Supp. Sch F - Pt 1
Supp22	Workers Comp. Carve-Out Supp. Sch F - Pt 2
Supp23	Workers Comp. Carve-Out Supp. Sch P - Pt 1
Supp24	Workers Comp. Carve-Out Supp. Sch P - Pt 2
Supp24	Workers Comp. Carve-Out Supp. Sch P - Pt 3
Supp25	Workers Comp. Carve-Out Supp. Sch P - Pt 4
Supp25	Workers Comp. Carve-Out Supp. Sch P - Pt 5 Sn1NONE
Supp25	Workers Comp. Carve-Out Supp. Sch P - Pt 5 Sn2NONE
Supp25	Workers Comp. Carve-Out Supp. Sch P - Pt 5 Sn3NONE
Supp26	Workers Comp. Carve-Out Supp. Sch P - Pt 6 Sn1NONE
Supp26	Workers Comp. Carve-Out Supp. Sch P - Pt 6 Sn2NONE



SCHEDULE O SUPPLEMENT

For the Year Ended December 31, 2009

(To Be Filed By March 1)
Of the NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY
Address (City, State, Zip Code): Durham, NC 27701-3616

NAIC Group Code: 0000 NAIC Company Code: 67032 Employer's ID Number: 56-0340860

SUPPLEMENTAL SCHEDULE 0 - PART 1

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

			Net Amounts Paid Policyholders					
	Year in Which	1	2	3	4	5		
	Losses Were Incurred	2005	2006	2007	2008	2009(a)		
1.	Prior	1,913	13	54				
2.	2005	11,680	1,977					
3.	2006	X X X	14,690	1,912				
4.	2007	X X X	X X X	11,552	732			
5.	2008	X X X	X X X	X X X	249	175		
6.	2009	X X X	X X X	X X X	X X X	265		

Section B - Other Accident and Health

1.	Prior	102	6			
2.	2005	291	86	7		
3.	2006	X X X	360	129		
4.	2007	X X X	X X X	213	122	2
5.	2008	X X X	X X X	X X X	202	135
6.	2009	X X X	X X X	X X X	X X X	214

Section C - Credit Accident and Health

1.	Prior					
2.	2005					
3.	2006	X X X				
4.	2007	X X X	X X X			
5.	2008	X X X	X X X	X X X		
6.	2009	X X X	X X X	X X X	X X X	

⁽a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SCHEDULE O SUPPLEMENT (Continued)

SUPPLEMENTAL SCHEDULE 0 - PART 2

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

			Net Amounts Paid for Cost Containment Expenses					
	Year in Which	1	2	3	4	5		
	Losses Were Incurred	2005	2006	2007	2008	2009		
1.	Prior							
2.	2005	50						
3.	2006	X X X	69					
4.	2007	X X X	X X X	17				
5.	2008	X X X	X X X	X X X	(1)			
6.	2009	X X X	X X X	X X X	X X X			

Section B - Other Accident and Health

1.	Prior					
2.	2005					
3.	2006	X X X				
4.	2007	X X X	X X X			
5.	2008	X X X	X X X	X X X		
6.	2009	X X X	X X X	X X X	X X X	

Section C - Credit Accident and Health

1.	Prior					
2.	2005					
3.	2006	X X X				
4.	2007		X X X			
5.	2008		X X X	X X X		
6.	2009	X X X	X X X	X X X	X X X	

SCHEDULE O SUPPLEMENT (Continued)

SUPPLEMENTAL SCHEDULE 0 - PART 3

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

		Sum of Net Cumula	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year						
	Year in Which	1	2	3	4	5			
	Losses Were Incurred	2005	2006	2007	2008	2009			
1.	2005	14,789	13,701	13,657	XXX	X X X			
2.	2006	XXX	16,454	16,660	16,602	XXX			
3.	2007	X X X	X X X	12,270	12,326	12,284			
4.	2008	X X X	X X X	X X X	332	429			
5.	2009	X X X	X X X	X X X	X X X	424			

Section B - Other Accident and Health

1.	2005	433	526	385	X X X	X X X
2.	2006	X X X	403	549	490	X X X
3.	2007	XXX	XXX			337
4.	2008	XXX	XXX	XXX	308	443
5.	2009		X X X			358

Section C - Credit Accident and Health

1.	2005				X X X	X X X
2.	2006	X X X				X X X
3.	2007	XXX	X X X			
4.	2008	XXX	X X X	XXX		
5.	2009	XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT (Continued)

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses,					
	Year in Which	and Claim	and Cost Containme	nt Liability and Rese	rve Outstanding at E	Ind of Year	
	Losses Were Incurred	1	2	3	4	5	
		2005	2006	2007	2008	2009	
1.	2005	14,839					
2.	2006	X X X	16,523				
3.	2007	X X X	X X X	12,287			
4.	2008	X X X	X X X	X X X	331		
5.	2009	X X X	X X X	X X X	X X X	424	

Section B - Other Accident and Health

1.	2005	433				
2.	2006	XXX	403			
3.	2007	X X X	X X X	359		
4.	2008	x x x	x x x	X X X	308	
5.	2009	V V V	V V V	V V V	V V V	358

Section C - Credit Accident and Health

1.	2005					
2.	2006	X X X				
3.	2007	XXX	XXX			
4.	2008	XXX	XXX	XXX		
5.	2009	X X X	X X X	X X X	X X X	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Reserve and Liability Methodology - Exhibits o and o				
		1	2	
Line of Business		Methodology	Amount	
1.	Industrial life	Development	1,123	
2.	Ordinary life	Development	1,947	
3.	Individual annuity			
4.	Supplementary contracts			
5.	Credit life			
6.	Group life	Development	1,192	
7.	Group annuities			
8.	Group accident and health	Standard Factor	159	
9.	Credit accident and health			
10.	Other accident and health	Development	143	
11.	TOTAL		4 564	



Medicare Part D Coverage Supplement

(Net of Reinsurance)

NAIC Group Code: 0000 (To be Filed By March 1) NAIC Company Code: 67032 Individual Coverage Group Coverage Total Insured Uninsured Insured Uninsured Cash **Premiums Collected** 1.1 Standard Coverage 1.11 With Reinsurance Coverage X X X X X X 1.12 Without Reinsurance Coverage X X X X X X 1.13 Risk-Corridor Payment Adjustments XXXX X X1.2 Supplemental Benefits X X X X X X Premiums Due and Uncollected - change 2.1 Standard Coverage 2.11 With Reinsurance Coverage X X X X X X 2.12 Without Reinsurance Coverage X X X X X X X X X 2.2 Supplemental Benefits X X X X X X X X X Unearned Premium and Advance Premium change 3.1 Standard Coverage 3.11 With Reinsurance Coverage X X X X X X 3.12 Without Reinsurance Coverage X X X X X X X X X 3.2 Supplemental Benefits X X X X X X X X X Risk-Corridor Payment Adjustments - change 4.1 Receivable X X X X X X X X X4.2 Payable X X X X X X X X X Earned Premiums 5.1 Standard Coverage 5.11 With Reinsurance Coverage X X X XXX XXX 5.12 Without Reinsurance Coverage X X X X X X X X X 5.13 Risk-Corridor Payment Adjustments X X X .. X X X .. X X X5.2 Supplemental Benefits XXXXXXXXX6. Total Premiums XXX XXXClaims Paid 7.1 Standard Coverage 7.11 With Reinsurance Coverage XXX XXX 7.12 Without Reinsurance Coverage X X X X X X 7.2 Supplemental Benefits X X X X X X Claim Reserves and Liabilities - change 8.1 Standard Coverage 8.11 With Reinsurance Coverage X X X X X X X X X8.12 Without Reinsurance Coverage X X X X X X X X X 8.2 Supplemental Benefits X X X X X X X X X Healthcare Receivables - change 9.1 Standard Coverage XXX 9.11 With Reinsurance Coverage X X X X X X 9.12 Without Reinsurance Coverage X X X X X X X X X 9.2 Supplemental Benefits XXX X X X 10. Claims Incurred 10.1 Standard Coverage 10.11 With Reinsurance Coverage X X XX X XX X X10.12 Without Reinsurance Coverage X X X .. XXXX X X 10.2 Supplemental Benefits XXXXXXXXX11. Total Claims XXX XXX12. Reinsurance Coverage and Low Income Cost X X X X X X 12.1 Claims Paid - net to reimbursements applied 12.2 Reimbursements Received but Not Applied change 12.3 Reimbursements Receivable - change X X X XXX XXX 12.4 Healthcare Receivables - change X X X XXX X X X 13. Aggregate Policy Reserves - change X X X 14. Expenses Paid X X X X X X 15. Expenses Incurred XXX XXXX X X16. Underwriting Gain/Loss X X XX X X $\mathsf{X}\,\mathsf{X}\,\mathsf{X}$.

XXX

XXX

XXX

Cash Flow Results

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